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THE MEDICAL BRIEF

A MONTHLY JOURNAL OF

Practical Medicine.

J. J. LAWRENCE, A. M., M. D., - - Editor and Proprietor,

S. W. COR. 8th AND OLIVE STS., ST. LOUIS, MO.

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THE

MEDICAL BRIEF,

—A MONTHLY JOURNAL OF—

PRACTICAL MEDICINE.

J. J. LAWRENCE, A. M., M. D. - EDITOR AND PROPRIETOR.

OFFICE: COR. 8TH AND OLIVE STREETS, ST. LOUIS, MO.

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CONTENTS.

	PAGE
A Case of Rotheln	206
Acute Lobar Pneumonitis	174
Acute Rheumatism	185
An Anomaly	182
A Novel Catheter	212
A Unique Case	197
An Electrical Perineal Compress	195
Arsenical Poisoning	205
Book Notices	220
Chiananthus Virginica	180
Chloral in Dysentery	196
Chronic Diarrhœa	187
Chronic Gleety Inflammation	207
Cold Hands, Constipation, Catarrh	217
Colic—Gonorrhœa	211
Cough—Chronic Bronchitis	178
Croup	204
Curacoa Cordial	178
Curacoa Cordial—Salicylic Acid	200
Disease of Anterior Column of the Spinal Cord	181
Dog Bite—Malarial Fever	214
Dr. Hodgen	214
Eczema Capitis	180
Endometritis—Endocervicitis	186
Enlarged Glands	194
Extract from Valedictory Address of Dr. R. M. King	215
Fractured Patella	179
Gangrene—Menorrhœa	192
Gulf-Weed	194
Hay Fever—Specifics—Incontinence of Urine	208
Help Wanted—New Remedies	201
Hemorrhage	208
Hermaphrodites	199
Hour-Glass Contraction	212
Humanized Virus	199
Inflammation of the Parotid Gland	213
Is Malaria a Myth? Yes and No	204
Itching Piles	184, 202
James' Fever Powder	203
Jaundice	211
Malarial Hæmaturia	196
Maternal Impressions	200, 205, 213
Medical Gleaner	185
Metrical System	204
Miasmatic Myths	191
Mistletoe	218
Old Sore Legs—Black Paste	212
Operation of Tieing the Common Carotid Artery	210
Pins in the Stomach	207
Piles	178
Pneumonia—Itching of the Anus	202
Pneumonia complicated by Gangrene	189
Prostatitis, Urethritis and Cystitis	209
Pruritus of the Anus—Small-Pox	193
Pseudo-Membranous Croup	184
Puerperal Convulsions	203
Puerperal Septicæmia—Gonorrhœal Syringe	188
Quinine is not an Oxytocic	207
Remedy Wanted	190
Remedy for Colic	204
Review of "Plain Facts for Old and Young"	185
Sciatic Neuralgia	182
Sexual Debility	190
Sexual Incapacity	183
Small-Pox	210
Solvent for Salicylic Acid	184
Special Notes	219
Spermatorrhœa	211, 217
Spontaneous Combustion	197
Sundry Cases	213
Synovitis of Knee-Joint	198
The Physiological Reason Why We Have Two Eyes and Two Ears	218
The Medical Gleaner	219
Tetter	178
Tetter of the Hands	197
Turpentine and Carbolic Acid in Typhoid and Typho-Malarial	209
Typho-Malaria	188
Typho-Malarial Fever	183, 202
Urticaria	188
Vehicle for Salicylic Acid	181, 201, 206

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INDEX TO ADVERTISEMENTS.

	PAGE
Anglo-Swiss Milk	20
Artificial Limbs	18
Avena, con. tinct	13
Beef, Wine and Iron	8
Bromidia	Third page cover.
Celerina	19
Chloroform	13
Cosmoline	11
Capsules	18
Electric Belt	13
Electrical Medication	18
Elastic Hose	15
Flower Seed	21
Fluid Hydrastis	3
Guarana Elixir	8
Galvanic Battery	16
Health Preserver	20
Horlick's Food	10
Hydroleine	14
Ingluvin	1
Iodia	Third page cover.
Invalid Rolling Chair	18
Ink	18
Lactopeptine	12
Little Giant Battery	18
Listerine	22
Liquor Pancreaticus	17
Mellin's Food	17
Medical Journals	7-21
Maltine	5
New Pharmaceuticals	4
Nestle's Milk Food	19
Physicians' Exchange Bureau	18
Pil. Hemorrhoidica	21
Pills, Gelatine Coated	Second page cover.
Pills, Sugar Coated	1
Saddle Bags	3
Suppositories	6
Surgical Instruments	3-15
Uterine Supporter	10
Viburnum Comp	9
Vaccine Virus	15, 18, 20
Vaseline	Fourth page cover.
Veradia	21

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[For the Brief.]

Acute Lobar Pneumonitis.

BY R. M. KING, A. M., M. D.
Prof. Physiology, Histology, and Clinical Medicine, St. Louis College of Physicians and Surgeons.

Synonyms: Croupous Pneumonia, of the Germans; Fluxion de Poitrine, of French Authors; Pneumonia Fever, according to Flint.

In attempting a discourse on the affection the name of which heads this article, I do not propose to speak "ex cathedra," nor exhaustively, but simply in an humble effort to voice the opinions of some of the leading minds of the medical profession in this country and Europe on this important subject. I shall not lay claim to anything new or original, but be satisfied, in as brief, terse, and comprehensive a manner as possible, to place before medical men what I conceive to be the true pathological status of pneumonia, as at present advocated by men of large experience and observation; and the rational therapeutic remedies deducible therefrom and employed as auxiliaries in its general management.

Such vague and indefinite notions have prevailed from an early period up to a few years ago, in reference to the true pathogenesis of this disease, as to render all therapeutic agencies hitherto used as merely nil or positively harmful. From time immemorial it has been nosologically placed as a veritable phlegmasia, and over it a heated controversy has raged, as unprolific of scientific achievements as the average doctor's treatment of the malady has been barren of practical results to his over-confiding patient and patron. The bold and enthusiastic assertion of the merest tyro in medicine, that typhoid fever can be possibly cured within three days by active cathartics, is as near the truth as the equally absurd claim of the venesectionists, that pneumonia can be aborted by blood-letting. Both can make doubly sure their prognosis, and thereby accomplish their purpose, but it will usually be at the sacrifice of the patient's existence. Among Greek and Roman authors, pleuritis and peripneumonia comprised the sum of their knowledge of this class of affections. Frequent allusions to pulmonary affections were made in the writings of Hippocrates, while Galen evidently confounded this affection with pleuritis. Aretæus very ably and learnedly described the disease, "but his notions were exceedingly vague, and his prognosis for the aged and vigorous was surprisingly inaccurate." Celsus, Caelius Aurelianus entertained more definite and clearer ideas, while the Arabians possessed little knowledge of the typical course of pneumonia, as can be shown from the writings of such eminent authorities as Rhazes and Avicenna. Valsali, Morgagnva, Huxham, and Boerhave seem to have more thoroughly grasped the subject, as shown by their very graphic descriptions of it, but the distinctive difference between it and pleurisy was not "completely recognized until more fully described by Bichat and Pinel." It, however, remained for Laennec, near the beginning of the eighteenth century, whose vigorous and analytical mind seized hold of the question, and thereby established an accurate clinical separation of the two diseases, "leaving to the Vienna school and Skoda especially," the field in which to "naturalize the physical methods in diagnosis" Step by step, over impeding obstacles, and through difficulties mountain high, have resolute and persevering investigators advanced science in this direction, until now a ray of light penetrates the mists that have so long beclouded vision, and illumines areas, hitherto dark, with clearer conceptions of the coming dawn. It is estimated

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that three per cent. of all the diseases of the whole population of the globe are due to this cause; while 6.6 per cent. of the total mortality has been justly attributed to it; "ranking next to phthisis as one of the most dangerous enemies to human life." This statement being admitted, obligates us, as philanthropists and as honest practitioners of medicine, to entertain, if possible, sound and correct views on this subject; for I candidly believe that a wise therapeutic and hygienic course, based upon a philosophical and rational pathology, will result in the curing of nearly ninety per cent—nay more—of all cases of croupous pneumonia. The question then arises, what is croupous pneumonia? and is the disease nosologically known as pneumonitis, a misnomer, or can we definitely determine its true pathology? It has been usually defined "as a disease whose essential anatomical feature consists in the inflammation of the vesicular structure of the lungs, which is thereby rendered impervious to air through accumulations in the interior of the alveoli of the products of such inflammations;" and was formerly described and divided into stages, "engorgement, red, and yellow hepatization." Anatomically considered, croupous pneumonia is an "acute inflammation of the alveoli and bronchioles, in which a fibrinous exudation is poured out upon the free surface of the mucous membrane and there coagulated." But in order to establish, unquestionably, this definition *a priori* as the foundation cause, it must be shown that the disease, as a typical phlegmasia, can be produced by local causes, as contusions or violent, penetrating wounds. If this can not be satisfactorily established and the converse, that the disease begins and exists for hours, and even days, independent of the local inflammations, then it must necessarily follow that the local manifestation must be the result of the disease, and the latter involving a specific causation. If, therefore, with Prof. Austin Flint, we entertain the idea of its essentiality simply involving pulmonary localizations and not strictly an inflammation, as the suffitis would indicate, a revolution in its pathology as well as treatment immediately follows. Ziemessen's Encyclopedia contains an able, true, logically written article from the pen of Doctor Juergensen, setting forth in strong language the claims that croupous pneumonia is a constitutional disease not dependent upon a local cause. The pulmonary inflammation," he says, "is merely the chief symptom, and the morbid phenomena are not due to local affections." The basis for this hypothesis is in the fact that a "morbific cause is indispensable" and that croupous pneumonia, therefore, necessarily belongs to the class of infectious diseases.

Dr. Wm. H. Draper, in a lengthy, lucid, and ably-written paper read before the Academy of Medicine of N. Y., in 1866, states that "a pulmonary lesion is a sequence in point of time of the pyrexia; that it represents the conservative process, by which a materies morbi is eliminated from the circulation and that there is presumptive evidence of a specific poison in the blood of persons suffering from the disease." These excerpts from eminent authorities place us in good company and lend support to the theory that pneumonia is something more than a local disease, rather an essential fever having a characteristic local lesion, like the eruption of small-pox, or the swollen Peyer's patches of typhoid fever.

"Pneumonia occurs in all degrees of latitude, and does not seem to be more frequent in one latitude or climate than another." A large majority of cases occur in the winter and spring months, but summer and autumn do not enjoy absolute immunity from the disease. Grisolle furnished statistics giving an

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analysis of 206 cases collected in Paris, and clearly exhibited the largest number of cases in February, March, April, and May, "and that the relative proportion of cases in June, August, September, and October as quite small." No occupation or calling seems to specially predispose to it, but persons whose business calls for an out-door life are more frequently exempt than those "who carry on their occupations in confined apartments." A comparative immunity from the disease is enjoyed by the healthy and vigorous, but whatever influences unite to "weaken the body and diminish its power of resistance" to disease, are so many causes at work to spread its ravages. Males are more frequently affected than females. It is seldom observed in the young before the fifth year, but rickets and difficult dentition act as direct exciting causes in its production. Age, however, is a predisposing cause, and one of the conditions largely influencing its mortality. It is comparatively frequent from twenty to forty, less so from forty to sixty, and very frequent, and also quite fatal, after sixty years of age. The season of the year in which there are the greatest vicissitudes of temperature has a direct influence in casualty. "Barometrical changes, independently of the influences of the wind, appear to have little or no effect on the production of the disease. The converse holds true of cold wind, and particularly those from north and east." The invasion of the disease is usually preceded by prodromita. Of course, I readily admit that this is not universal, but more frequently the case than is observed and reported. The prodromic period may extend from two days to two weeks. Rigors most commonly mark the early approach of pneumonia in adults, and it may be from twelve to twenty-four hours in advance, or even in some cases from three to four days, forming one of its most constant features. Pain in side, usually localized, at or near the mamma of the side involved; dyspnœa, cough, and rusty expectoration, accelerated respiration, from thirty to seventy, seldom less than thirty, often thirty-five to forty, and sometimes as high as seventy per minute; a short, hacking cough, attended with labored expectoration, of a viscous and tenacious rusty sputa; pulse quickened, full, occasionally resisting, but more commonly small, soft, or dichrotous, are symptoms recognizable by all practitioners. The physical signs in the beginning are uncertain, and sometimes for twenty-four hours after the chill the percussion note is unchanged. The fever of pneumonia varies, the temperature ranging from 102° to 105°, falling from 1° to 2° in the morning and rising again in the evening to same height. Pneumonic fever assimilates the essential fevers in that when its career is ended there is no tendency to relapse. Dr. Flint's observation, that in a large number of cases that he has noted, not a single case of relapse occurred, and that he can not now recall an instance in his unrecorded "experience." The disease also prevails as an epidemic, at different times and in different places, and especially can this be affirmed of the typhoid form. It runs a definite course, and its career is as much limited to time as typhoid fever, small-pox, measles, or any other of the essential fevers. Within a very short time after the chill, the temperature and pulse rate will indicate as high a grade of pyrexia as at any time in the progress of the disease. "During the whole course of pneumonia, no constant relation between the local and febrile symptoms, nor dependance of one on the other exists." Early in the beginning of the disease you have fever without local affection, while in the latter stage you have local affection without corresponding fever, hence, no causal relation between them, from this fact, can be argued, "but merely one of coin-

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cidence." Therefore, one arrives at the conclusion that it is a constitutional affection, non-communicable, dependent upon a specific cause, the nature of which is unknown, having relation to season and climate, with local manifestations, and not merely a local disease, with constitutional symptoms; and upon this hypothesis should be based a radical therapeutic change. The prognosis can only be fatal in consequence of associated diseases, age, complications or accidents, and not of the disease per se, for ninety per cent. of all cases of pure, frank, pneumonia, will recover without treatment.

From the evidence thus far educed as to the nature, history, and pathology of pneumonia, it is quite conclusive that any effort at abortive treatment would be exceedingly irrational, besides being positively harmful. Blood-letting and the antiphlogistic treatment and regimen must be relegated to the dead past, as having been based upon a misconception of the origin, cause, and pathology of pneumonia, and at present having nothing but the crudest empiricism on which to rest. The intrinsic tendency is unquestionably to health in a pure, uncomplicated case of pneumonia, it being at the same time self-limiting. We should adopt as our motto in its management, "hands off, and give to the patient a reasonable chance for life." The physician's aim and honest desire should be to see that his patient recovers, and not, by blindly following the teachings and traditions of the past, to place him in such a position that death becomes the rule and recovery the exception. Let experience and observation teach us not to become "blind leaders of the blind." The true office of the physician is to prevent and preserve, as well as to repair, and he is a wise, practical man, who recognizes that "nature cures, and that the only duty of the physician is to maintain life until the cure is effected." Jurgensen has truthfully said that "the physician who bleeds in pneumonia is like the philosopher who cuts down the tree to get the fruit"

I honestly believe that under no circumstances does venesection become necessary and that the resort to the lancet further complicates existing trouble by rapidly weakening the already over-burdened heart. "For," argues Doctor Jurgensen, "the fever brings to expression the local disturbance produced by pneumonia, and thus induces increased labor upon the part of the heart, and at the same time inflicts a direct injury upon it." It is, beyond question, the fever that causes an elevation of temperature, leads to muscular wasting and increases the production of carbonic acid (Liebermeister). Therefore the sum total of a correct rationale in treatment is favorable, hygienic surroundings, the lessening of temperature, free elimination of carbonic acid and the strict maintenance of the normal condition of heart structure. How this is done I can only briefly state, trusting that he who reads this article will find time, pleasure, and profit in perusing what Jurgensen, Draper, and Flint have to say upon this interesting theme. The first indication with regard to the febrile condition is to occasion evaporation and consequent heat loss without materially weakening the heart's action. The German physicians have great faith in cold bathing, and advocate it to the exclusion of all other remedies in the dispersion of accumulated heat.

The second indication, to further effect rapid heat reduction, and at the same time give tone to the muscular fibres of the heart, is to give, according to Liebermeister's method, large doses of quinine on alternate days, of from thirty to seventy-seven grains at a dose. While the free use of arterial stimulants before and after bathing, and in fact all through the disease, as indicated from

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day to day, coupled with a wise system of dietetics, constitute a brief epitome of the valuable remedial agents employed as auxiliaries in this affection. The subject is a grand one, fraught with great results to suffering humanity, and should receive the earnest, calm and attentive consideration of the medical man.

[For the Brief.]

Tetter.

EDITOR MEDICAL BRIEF:—"Ignorans," Rogersville, Ala., wishes to hear of something to cure the case of tetter in girl aged fifteen, and in robust health. Such being the case, no constitutional treatment is indicated. Would advise him to use the following ointment, and report:

R. Acid Salicyl.....1 drachm.
Adepis.....1 ounce.
M. ft. ung. Sig.: Apply to hands night and morning, until fissures heal and desquamation ceases.

Then use the following for at least three weeks, at bed time, wrapping the hand up well in order to protect the bedding:

R. Hyd. Oxidum Flav....30 grains.
Vaseline..... 1 ounce.
M. Sig.: Apply at bed time.

JAMES T. OWEN, M. D.
Cloverport, Ky.

[For the Brief.]

Piles.

EDITOR MEDICAL BRIEF:—If Taft Brothers will use the following they will give relief in case of piles:

R. Ol. Pennyroyal ..... 2 drachms.
Ol. Copaiba .....½ ounce.
Sweet Cream..... 6 drachms.
M. Sig.: Bathe well with cold water morning and evening, and apply remedy. shaking well before using, also by introducing finger into the rectum, and apply it thoroughly.

Proper attention to diet and bowels, and faithful adherence to treatment will effect a permanent cure.

F. J. DENT, M. D.
Breckenridge, Mo.

[For the Brief.]

Cough—Chronic Bronchitis.

EDITOR MEDICAL BRIEF:—For the benefit of the medical fraternity I wish to insert a remedy for coughs originating from exposure to cold, which I have been prescribing in my practice, and the issues of which have met my most sanguine expectations, I feel assured that those who will give this mixture a trial will be thoroughly convinced of the same.

R. Ext. Yerba Santa fl....1 drachm.
Syr. Wild Cherry.....1 ounce.
Syr. Tolu.....2 ounces.
Morp. Sulph.....2 grains.
M. Sig.: Teaspoonful three times per day.

For children for the above named malady and cause.

R. Syr. Tolu.....2 ounces.
Morph. Sulph.....1 grain.
Ext. Wild Cherry fl....1 drachm.
M. Sig.: Five to fifteen drops three times per day.

I here give a formula devised by Prof. Wm. Pepper of the University of Pennsylvania, which my experience has found an efficient remedy for chronic bronchitis.

R. Amm. Chlor.....1 drachm.
Syr. Squills.....1 ounce.
Morph. Murias.....1 grain.
Mist. Glycyrrh. comp...3 drachms.
M. Sig.: Teaspoonful three times per day.

JOHN W. LASLEY, M. D
Co. Shops, N. C.

[For the Brief.]

Curacoa Cordial.

EDITOR MEDICAL BRIEF:—As Dr. W. T. Burke of Texas asks for a formula for Curacoa Cordial, I send one below that I have used many years, which the doctor will find equal in flavor to the German Curacoa.

R. Oil Orange.....20 drops.
Oil Juniper..... 5 drops.
Neutral Spirits..... 6 ounces.
Syr. Simp..... 6 ounces.
Aquæ..... 4 ounces.
Mag. Carb..... 3 drachms.

Rub the oils with the magnesia thoroughly, then add gradually the neutral spirits and water mixed, filter and add syrup and color to suit.

ADDINGTON, Pharmaceutical Chemist, St. Louis, Mo.

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[For the Brief.]

Fractured Patella.

EDITOR MEDICAL BRIEF: — A few weeks ago I was called to see Mrs. D., who had received a fall while stepping from a doorstep to the ground. I found the lady suffering great pain; seat of trouble, the knee. Notwithstanding the part was greatly swollen and the dislocation very unusual, yet withal I felt confident in diagnosing as dislocation of the patella downwards, and, of course, laceration of the rectus muscle. I reduced the dislocation in the usual way, and applied a splint behind the thigh and leg, using the figure eight bandage, partly including the patella. I am ashamed to say, about the time the swelling subsided, I found that I had no dislocation at all, but a transverse fracture of the patella. Of course too hasty an examination, a limited experience, and the unusual swelling of the part, was the cause of my incorrect diagnosis. Be that as it may, I now come for advice. I have no suitable apparatus for keeping the broken surface properly in contact. Moreover, my patient is not able to afford the expense of an appropriate apparatus. Consequently, I want some experienced M. D. to tell me what to do, and tell me quickly. I am still using my splint and bandage, but fear the treatment is not sufficient to keep the broken fragments in juxtaposition. Hence, I ask my brethren to "view me not with a critic's eye," but pardon the display I have made of my ignorance, and tell me briefly their most successful treatment.

JEFF. D. WILLIAMS, M. D.
Millican, Tex.

[For the Brief.]

Pneumonia with Complications.

EDITOR MEDICAL BRIEF:—Was called to see a girl, four years old, of good family history, raised on a farm, on March 4th. Found well-defined crepitation in lower and middle lobes of right lung; respiration 28; pulse 120; temperature 103.5°; bowels constipated; urine scanty and highly colored. Treatment at first, quinia and aconite, and ordered an enema. She was kept on this treatment for five days, when the lung symptoms subsided; on the sixth day we found a temperature of 100.5°, pulse nearly normal; respiration good; bowels regular; tongue clean; cheeks slightly flushed. Point of interest on evening of the sixth, left parotid gland intensely swollen; no difficulty in deglutition, and a rise of temperature; a dry, hacking cough; a profuse, red desquamation over chest and abdomen, well marred on palmer surface of hands and feet, and roof of the mouth. On the morning of the seventh, the right parotid gland began to enlarge very rapidly, which extended over the entire surface of the face and chest; temperature increased; irritating cough still continues. On the ninth day we found temperature 103.5°; pulse 110 and weak; respiration slightly hurried. Right eye completely closed with servious exudation. Treatment for last symptoms, quinia, tict. mur. ferri, chlorate potash, and digitalis, under this treatment she is slightly improving. We ask our brother practioners to diagnose and name the last complication and point out our mistakes in treatment, if any were made.

DRS. WOODRING & GARRISON.
Elk City, Kan.

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Listerine.

E. B. Stevens, A. M., M. D., President Obstetrical Society of Cincinnati, thus confirms the uniformly good reports of this antiseptic: "I am highly pleased with the effects of Listerine. Its special character adapts it to a large range of purposes, both externally and internally; disinfects completely the hands of the obstetric and gynecic practitioner; disinfects offensive conditions of the utero-vaginal passages, especially where there are bad smelling discharges. It is a delightful gargle and mouth-wash. With-al, as compared with carbolic acid, especially, there is the same grateful advantage—*the agreeable odor in using.*

In a recent and very extended epidemic of diphtheria, I employed Listerine almost exclusively, ordering a solution of one part Listerine and one part water as a gargle, allowing the patient, especially if a young child, to swallow it freely. Sometimes I add the usual amount of chlorate of potash, but I find the Listerine *thus far more satisfactory* than chlorate of potash alone."

[For the Brief.]

Eczema Capitis.

Editor Medical Brief:—I would say to Dr. Million, who asksfor a sure cure for eczema capitis, in the December number of the Brief, that I think the cure depends a good deal upon the age of the patient. If it is a young child just cutting its first teeth, he will probably be disappointed in any treatment that he uses, as he can only palliate until the child gets all of its temporary teeth, but if it be an older patient he may expect to get good results at once by using the following.

R. Ungt. Pix Lig..... } Equal Parts.
Adepis..... }

M. Sig.: Apply a little to the affected part twice a day after removing all scabs by the use of some simple poultice.

In conjunction with the above use syrup, iodide of iron, and iodide potass. and cod liver oil if the condition of the patient called for it. A good result is often obtained by the use of some preparation of rhubarb internally. No stimulants should be used while there is very much inflammation present.

C. H. Shattuck, Jr., M. D.
Ballard Vale, Mass.

[For the Brief.]

Chiananthus Virginica.

Editor Medical Brief:—In the February number of the Brief, there was an article under the above heading from that eminent physician, I. J. M. Goss, calling attention to the action of the white ash, "old man's gray beard," in jaundice. I think, with the doctor, that it is a specific in jaundice, and in cases of salivation there is no remedy that acts more promptly in eliminating the poison from the system. In fact, it acts like a charm. It is decided and sure, and is worthy the consideration of the profession and a high place in the materia medica. I remember, some twenty-eight years ago, in the days of "Auld Lang Syne," in Kentucky, that the country people would recommend and use, for torpid liver and enlarged spleen, "ague cake," equal parts, in whisky, of white ash, poplar (liriodendron tulipifera), and dogwood. It proved very efficacious in those diseases. It is evident that white ash has an affinity for the liver and spleen. Combined with the stimulating, tonic properties of poplar (tulip tree), it is curative in disease of these organs. In conjunction with wahoo (euonymus), it will be found to be a charming remedy in all abnormal conditions of the liver, spleen, and in dyspepsia, want of tone to the stomach or intestines, it will restore them in a short period to their pristine condition.

E. Carmichael Rothrock, M.D.
Athens, Tex.

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[For the Brief.]

Disease of Anterior Columns of the Spinal Cord.

SIMULATING PROGRESSIVE MUSCULAR ATROPHY.

EDITOR MEDICAL BRIEF:—Through the kindness of Dr. A. Crull, of Dittmer's Store, Jefferson Co., Mo., the following very interesting case was sent to me for treatment:

Henry Reinemar, aged twenty-four years, single, native American, by occupation a blacksmith, had an attack of typho-malarial fever three years ago, which lasted seven weeks. Subsequent to this attack he was never perfectly well. Five months after the attack he had a bad cold (bronchitis); the latter lasted two months, when he was attacked with bilious fever for four days. The fourth night he felt much improved, but could not use his right arm, the entire extremity was very painful, but particularly in the third and little finger; the pain was of a very hard and prostrating nature; when the arm was suspended parallel with the trunk the pain subsided. From this time he had no strength, in fact, it was so useless that his avocation was resigned. A month or so afterwards he noticed that the muscles of the hand grew smaller than its fellow, and in winter it lost its temperature, and lost all control of finger movements. His fingers would not remain extended, but flexed themselves upon the palmer surface, and could not be extended without secondary aid, and whenever anything was grasped the grasp was fixed. Ever since that time he noticed a difference of size in the affected hand. Upon examination the following presented itself:

Atrophy and paralysis of the muscles of the ball of right thumb and muscles between the thumb and index finger. Those below and surrounding the radial artery were also affected. All the muscles of the forearm were soft and flabby, showing a defect of nutrition, but those special muscles detailed above, presented typical evidences of interstitial change. Patient still suffers occasionally from fever, but does not present other deleterious evidences. Calorific tests upon the spine showed sensitive spots in the cervico—dorsal region. Prognosis depended upon the reaction of the specially affected muscles to the faradic current. Treatment: Arsenic and quinine internally; faradic current to paralyzed muscles, applied daily; hypodermic injections of strychnia (1-32 grain) gradually increased every other day, into the structure of affected muscles; mercurial inunctions to the spine, and phosphorous oil as a frictional application to the forearm and hand.

When the current was first applied the affected structures reacted slightly, but since the patient has been under treatment (two months) the muscles of the thumb have grown larger and act forcibly to the current, with the exception of muscles surrounding the radial artery. The temperature of the affected hand has been restored to normal, and its strength has improved naturally. Treatment will be continued for some time, until innovation and nutrition is fully restored.

JOS. L. BAUER, M. D.
St. Louis, Mo.

[For the Brief.]

Vehicle for Salicylic Acid.

EDITOR MEDICAL BRIEF:—The best way to administer salicylic acid, I have found, is to take one tablespoonful of sweet cream, and mix the acid in the same until it forms a paste; take a half wineglassful of sweet milk, and steam the paste in it until it is well mixed. Taken in this way, it leaves no unpleasant taste. J. S. THOMAS, M. D.
New Boggy Depot, Ind. Ter.

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[For the Brief.]

An Anomaly.

EDITOR MEDICAL BRIEF: — In the April number of the BRIEF, 1881, I noticed a peculiar case reported by Dr. Merriwether, of Arkansas, and as I have two cases now a little similar in their symptoms, and apparently intractable to treatment, I beg assistance from some of your able writers to help me out of the difficulty. About the latter part of last October I was called to attend a family with two or three of its members down with the fever, and on reaching the house I found one of the patients, a boy about ten years of age, on his hands and knees retching and straining terribly to relieve his throat of something that he said was choking him to death. Presuming that it was caused by some nervous irritation, thereby producing spasm of the parts affected, I gave a teaspoonful of comp. spts ether, which, in a few minutes, seemed to relieve him for the time being, and as soon as he became quiet, he called for something to eat, which he devoured as voraciously as a hungry dog. After a careful examination of the case, I concluded that worms was the cause of the trouble, and administered santonine and calomel to remove them, not expecting to be bothered with the case any further; but, lo and behold! after the expulsion of a great many ascarides, there was no improvement of the patient, but a considerable change in the symptoms, as they now seem to be regular spasms, for, if sitting on a chair, he will throw himself backwards on his head, when an attack comes on, and extend his feet into the air, froth at the mouth, and cut other antics, sometimes very ludicrous. the spells lasting from one to five or ten minutes; often as many as fifteen or twenty during the day and early part of the night. He seems to rest very well after ten or eleven o'clock, for the balance of the night; his appetite has been ravenous all the time, and he seems bright and cheerful between his attacks, and is apparently in robust health, so much so indeed, that a great many persons think he is feigning. I have been using the different anti-spasmodics without any success, and am now trying a preparation of strychnia. He was treated awhile by an old and experienced physician of this county, but with no benefit. Now, if any of the readers of your valuable journal can make out a correct diagnosis for me and recommend an effective treatment for the case, it will be most thankfully received, as the patient is very annoying and troublesome to the family and perplexing to his attendants. The history of the other case is a little different from this one and I will not worry your patience with it now, but wait until I hear from the BRIEF the opinion of some of its readers on the case under consideration. If convenient, let me hear as soon as possible, as I am at my wit's end.

K. TAYLOR, M. D.

Janesville, W. Va.

[For the Brief.]

Sciatic Neuralgia.

EDITOR MEDICAL BRIEF:—Will some of my brother M. D.'s give best treatment for sciatic neuralgia. Patient, male; aged forty-three; married; father of seven healthy children; nervous temperament; no hereditary taint; anæmic; living in a malarial district. Complains of pain over sacro-iliac junction, about the middle of the crest of ilium sciatic notch, behind the trochanter major, on the thigh along the tract of the sciatic nerve and popliteal space, over the lower and posterior part of the external malleolus, and outer portion of the sole of the foot. Pressure upon any of these points excites paroxysms of pain, extending to other parts of the affected nerve.

La Paz, Ind. A. MOORE, M. D.

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[For the Brief.]

Typo-Malarial Fever.

EDITOR MEDICAL BRIEF:—On February 14, 1882 I was called to see a young man who had been complaining for about six days. I diagnosed typho-malarial fever. Prognosis: I was not asked as to that, but I thought that the case would continue for at least eight more days without much change, for it was a bad one. Treatment: This question came into my mind, "what must I give this man? Must I follow the authors, or try something of my own 'get up?'" The following is what I decided upon: I will use a saturated solution of chlor. pot. instead of turpentine internally, a teaspoonful at a dose, to be given every three hours, for twenty-four hours; also, a powder containing five grains of sulph. cinchonidia and two of Dovers' powders, to be given one hour and a half after each dose of chlor. pot. This treatment was kept up for four days, when I dismissed the case He began to improve in less than twelve hours after the above treatment was commenced, and is able to-day to do good work.

H. B. STEWART, M. D.

Fair View, S. C.

[For the Brief.]

Sexual Incapacity.

EDITOR MEDICAL BRIEF:—We have a case now under treatment which we desire to submit to your readers:

The first of February, last, a young German near here married a girl of sixteen. On the first occasion of seeking the nuptial couch, it seems that he could not overcome her maidenly scruples, and his picture of his sensations would be appreciated by any of your readers who have experienced amorous hopes deferred. In the morning, however, he accomplished his purpose. About seven A. M. of the day in question, he arrived at the office and presented for inspection a penis swathed in strips of handkerchief, saturated with blood. Examination disclosed a tubercle projecting three-eighths of an inch from the left side of the frænum præputii. It was provided with a large artery, which seemed to terminate in a looped anastomosis, as the enlargement gently nodded or waved with each pulsation. When the penis was erected, the tumor could be felt as a hard corded substance extending nearly two inches alongside the urethra. The free extremity (which at other times was covered by the præpuce) was now turned back, completely closing the meatus urinarius. On pressing it aside, we found it impossible to introduce a catheter, as the sides of the tumor pressed upon the urethra so as to utterly close it, while the hemorrhage became alarming, the patient at the same time seeming to suffer excruciating torment. When he has intercourse the same sensations are excited at the moment of completion, and more recently he can not even sleep with his bride, as his sexual desires produce erections, followed by the same symptoms. Not knowing exactly what we have to deal with, we have feared to perform any surgical operation, as the morbid growth seems to be supplied with a large nerve trunk as well as its artery. Have tried local remedies, but with no effect. He is eighteen years of age, athletic, and as well developed as one would expect in a hard-working farmer's lad. He has never had a day's sickness, excepting the minor ills of childhood. His mother states that it is congenital. The bride's family are urging a divorce. His mother asks if it may not be a birth-mark, as his father died of mumps just three days before he was born; she having had the disease years before. What this is, and how to treat it, we can not say. Help us, and bring peace to the suffering young couple.

Apropos of maternal impressions, we

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were recently conversing with a physician concerning the numerous accidents and longings of pregnant women, which are followed by intense anxiety during the gestative period, and yet the infant is born unmarked. His explanation was that the mark is only produced when the mother is not anxious as to the effect on her fœtus. Shades of Moses! The mark is produced by nervous impression, yet a continued nervous impression is a complete safeguard! What doctrine or logic is this?

We heartily endorse Dr. Goldman's review of the "Birkhead" treatment of pneumonia, only he was not severe enough on such an exploded theory.

We think that "Physician," where he says that "all pregnant women eventually have to be treated for this malformation (prolapsus uteri), was testing the credulity of the fraternity. Maybe "Physician" himself was suffering with prolapsus.

DRS. BOGART AND BERTENSHAW.
Drewersburg, Ind.

[For the Brief.]

Pseudo-Membranous Croup.

EDITOR MEDICAL BRIEF:—A severe specimen of this dreadful disease was controlled by me with ten drop doses of fl. ext. of jaborandi; the patient being a boy, between twelve and thirteen years of age. In all my experience with that disease, I have never found anything yet that would seem to be of much use until I stumbled upon the jaborandi. Free emesis was produced after some eight or ten doses had been given. I gave the first few doses five to ten minutes apart. The patient was resting and sleeping quietly when I left in the morning. If jaborandi will cure croup it is the only thing that will do so. The cases of true croup being too scarce, we must ask others to try and report.

PAUL L. BRICK, M. D.
Le Mars, Iowa.

[For the Brief.]

Solvent for Salicylic Acid.

EDITOR MEDICAL BRIEF:—In answer to Dr. Hickman's query in February number of BRIEF on the above: Common soda is the best solvent and vehicle for salicylic acid. It prevents the burning sensation in the stomach caused by the acid and is a pefect solvent. Dissolve one-fourth teaspoonful of soda in one ounce of cold water, and then add fifteen grains of salicylic acid; a little agitation will cause it to dissolve completely. It is not unpleasant to the taste. Try it brother H. and others and report. If you want good and permanent effects from salicylic acid in rheumatism give large doses, and continue giving about three doses a day for several days after patient is free from pain. It will control nearly every case, acute or chronic.

Tyson's antimonial powder No. 2, is used as a substitute for James' powder. It is this:

R. Oxide of Antimony....2 grains.
Phosphate Calcium....9 grains.
Sulph. Potass.....9 grains.
M. Sig: Five to ten grains.

S. A. BURNER, M. D.
Marshall, Ill.

[For the Brief.]

Itching Piles.

EDITOR MEDICAL BRIEF:—If Drs Taft Brothers will try the following, and report effect, for their cases of itching piles, as mentioned on page 99, February BRIEF, I think they will probably be pleased with the prescription, viz:

R. Acid Murias ..... 3 drachms.
Aquæ ..... 2 ounces.
M. Sig. Wash affected parts three times a day, and after each washing, apply thoroughly to diseased parts.

R. Amm. Mercury.....40 grains.
Calomel..... 2 drachms.
Simple Cerate..... 1 ounce.

P. S. SAGE, M. D.
Vevay, Ind.

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[For the Brief.]

Medical Gleaner.

So she gleaned in the field until even, and beat out that she had gleaned.—RUTH, chap. ii, verse 17.

EDITOR MEDICAL BRIEF:—The January number of the "Gleaner" is at hand. I am well pleased with its general appearance, and make up of good things, and think it and the BRIEF are the best medical journals in the world, supplying a want long felt in the profession. The BRIEF is the organ of the medical profession in this country, in which one or all of the 25,000 M. D.'s as contributors can consult and give their ideas, modes, methods, and discoveries without let or hindrance from medical popes or self-constituted medical censors. The "Gleaner" is neat in appearance, "chock" full of a variety of readable and condensed articles from foreign and American journals, and with the BRIEF, forms the cheapest medical literature in the world, and a library that no one can do without who wishes to keep posted in this age of medical progress. May the BRIEF always be BRIEF, the "Gleaner" always glean from morning until night.

Let her glean even among the sheaves. —RUTH, chap. ii, verse 15.

E. CARMICHAEL ROTHROCK, M. D.
Athens, Tex.

[For the Brief.]

Review of "Plain Facts for Old and Young."

I have just examined that most instructive volume, "Plain Facts," written by Dr. J. H. Kellogg, and published by Segner & Condit, of Burlington, Iowa. This is a most desirable volume for the family library, and should be in the hands of every girl and boy as soon as they can read. Dr. Kellogg handles his subjects in the most masterly style. He breathes forth the very strongest incentives to virtue, and thunders forth the anathemas against the common vices of youth. He unveils the secret sins of humanity, and warns the offender of his impending doom in time and in the future. I can recall many cases (male and female) of ruined and wrecked constitutions that might have been saved by reading such a work as the one above named. The object of the work is to call attention to the great and growing prevalence of sexual excesses, and the evils growing out of the same. The work ventilates many hygienic laws that are not found elsewhere, hence, it is a valuable addition to the library of the physician as well as the common people. The style of the work is quite fascinating, and no one with good taste can fail to be pleased with the diction or the subject matter. The almost universal ignorance of sexual science is one of the main reasons of the prevalence of sexual abuses. Thousands of young people abuse and ruin their health ere they are aware of the sad consequences of their crime. The publishers have spared no pains in making the work a desirable addition to the family library. As their part has been well done, I commend the work to every family or household.

I. J. M. GOSS, A. M., M. D.
Marietta, Ga.

[For the Brief.]

Acute Rheumatism.

EDITOR MEDICAL BRIEF:—Will some of the brethren favor us, through the BRIEF, with the pathology and treatment of acute articular and muscular rheumatism. Some of us young "saw bones" are not succeeding as well as we could wish in the treatment of this troublesome disease on the old style. Have we nothing better than salicylic acid to depend on? What do the older heads think of the hypodermic injection (into the tumor) of carbolic acid in external hemorrhoids? GEO. W. BLANTON, M. D.
Eastman, Ga.

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[For the Brief.]

Endometritis—Endocervicitis.

EDITOR MEDICAL BRIEF.—Mrs. Mary B , age twenty-eight, one year ago had a miscarriage, the history of which I could not entirely learn, since which time she has had pain in region of uterus extending over the entire abdomen to the back, down the thighs, and to the breast and head. The pains as described by her were of a shooting, cutting, and darting character, with a dragging throbbing sensation; abdomen enormously bloated and very tender to the touch; bowels constipated and would not act without cathartics; tongue coated dark yellow, dry and red at tip and sides; stomach irritable and vomiting every few hours; pulse 130; respiration accelerated and imperfect from dyspnœa caused from pressure upon the diaphragm; no appetite; could not stand on her feet. Upon examination found the speculum would not penetrate more than two or two and a half inches, owing to the prolapse, the vagina being blocked up with the tumor, the os tincæ presenting the appearance of a rent. The parts granulated and ulcerated, discharging a brown secretion, streaked with blood and very offensive. By perseverance I succeeded in introducing the sound into the uterine cavity a few inches, and upon withdrawing it found it covered with a ropy, bloody pus. She had been treated by two physicians without relief, in fact, said she was getting worse all the time; her family and friends expected her to die, but wished me to relieve her if possible. I gave her the following:

Podophyllin $\frac{1}{8}$ grain, leptandrin $\frac{1}{4}$ grain, hydrastin sul. $\frac{1}{2}$ grain; give a pill every three hours. Pulv. senna 1 ounce, pulv. hydrastin $\frac{1}{2}$ ounce, serpentaria vir. $\frac{1}{4}$ ounce, manna $\frac{1}{8}$ ounce, aquæ bul. 1 pint. When cool strain and sweeten and give a tablespoonful every three hours, alternate with above until bowels act, a light oak poultice applied with compress to pendulus belly to sustain the weight; renew every four hours. Fluid gelsemium ext. 10 drops, tinct. aconite 3 drops, every three hours for febrile excitement; hyd. chloral 40 grains, brom. potass. 40 grains, syrup 1 ounce, a teaspoonful every one, two or three hours, as indicated, to control the pain and induce rest. Applied tint. iodine to os and surrounding parts. Second day—very little change; pulse 135. Treatment continued: Tinct. iodine to os twice a day, ox cerium for vomiting, cathartic injections per ani. Bowels acted. Third day—pulse 120; nourishment taken (milk and tea). Fourth day—pulse 125, pain less, and treatment continued with addition of iodide of arsenic $\frac{1}{4}$ grain three times a day; injections per vagina of bro. chloralum 1 ounce, tinct. iodine $\frac{1}{2}$ ounce, aqua (warm) $\frac{1}{2}$ pint, twice a day. Fifth day—pulse 100; bowels and kidneys not acting. Gave buchu, uva ursi and cubebs, fld. ext. cactus grandiflora 15 drops, every three hours, for heart trouble. Vomiting controled by hypodermic injections of morphia and atropia in arm. Sixth day—pulse 100; bowels and kidneys acting, skin moist, pain less; partook of milk toast and soft egg. Treatment changed somewhat—fld. ext. gelsemium 15 drops, tinct. aconite 5 drops, amo. acet. 1 drachm, three times a day; wine whey every three hours; iodide arsenic $\frac{1}{4}$ grain, three times a day; bowels regulated with the senna mixture, podophyllin and aloes, sulph. quinia 2 grains, sulphite soda 4 grains, three times a day; enemas per vagina continued, chloral and bro. potass., mix; given when needed to relieve pain and procure rest; poultice to abdomen continued. This treatment was pursued with some slight alterations to the termination of the case. Seventh day—pulse 85. Eighth day—pulse 110; severe pain in the head; bowels and kidneys not acting. Gave in

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addition to treatment, five drops of belladonna, every three hours, until three doses were taken. Ninth day—Pulse 85; tongue not so red or coated; bowels acted well; profuse discharge from the uterus; abdomen reduced considerably; vomiting less. Third week—patient improving, pulse 90, appetite better; bowels act once in three days by taking cathartics. Fourth week—pulse 100; bowels locked up for five days, abdomen tender and enlarged, injections per ani which acted well, treatment continued. Fifth week—pulse 85; bowels act every day or two; abdomen not so tender or enlarged; appetite better; discharge from uterus not so offensive. Gave fl. senecio 25 drops in water three times a day, alternate with iodide arsenic; changed injections to fluid hydrastis and glycerine, of each 1 ounce, aquæ warm, 5 ounces; inject into uterus once a day with intra-uterine syringe, for two days, then every other day for a week. Sixth week—pulse 80; appetite improving, tongue clearing off, bowels act regularly, very little pain, treatment continued with toddy, poultice discontinued on abdomen. Seventh week—patient sitting up, pulse 70 to 80, very weak, gave tonics, malt, gentian and wine, injections per uteri discontinued. Eighth week—pulse 75 to 80, appetite good. Ninth week—Patient continued to improve, and she could now walk around the rooms; the treatment heretofore employed was now discontinued, and nothing given but tonics, such as malt, gentian, iron and wine. The tenth week the lady was discharged. It has been over five months since the discharge of the patient; she is on foot, well, hearty and fat. I hear of no complaint, but often see and hear of her riding or walking some miles to visit friends and attend meetings.

E. Carmichael Rothrock, M. D.

Athens, Tex.

[For the Brief.]

Spermatorrhœa.

Editor Medical Brief:—There are many inquiries for remedies to cure spermatorrhœa:

R. Morph. Sulph..... ¼ grain.
Atrop. Sulph..... 1/40 grain.
Aquæ Pur..... 1 drachm.
M. Sig.: Inject into the perineum on going to bed.

It will give immediate relief. Try it and report through the Brief.

The case of Mr. N., aged thirty years. He was cadaverous in looks, staggering in gait, anæmic and haggard. His semen was wasting nocturnally, and his genitals cold, flabby, and damp; his scrotum was relaxed and pendant. Injected hypodermically:

R. Morph. Sulph..... ¼ grain.
Atrop. Sulph..... 1/40 grain.

This was given on going to bed each night for ten nights, and the cure was complete.

Spinal congestion is relieved, chronic turgescence of the prostate gland will be relieved. J. N. Adkins, M. D.

Lampasas, Tex.

[For the Brief.]

Chronic Diarrhœa.

Editor Medical Brief:—If Dr. J. C. Toler, of Astoria, Ill., will try the following cure, and put his patient strictly on a milk diet, and keep him on it for some time, he will be more than pleased with the result:

R. Zinci Sul..... 1 drachm.
Opii Pul..... ½ drachm.
Ft. Pil. No. 36. Sig.: One after each bad action.

I have been using this, or something similar, for twenty odd years, and if I did not originate it, do not know where I got it, without a failure in private practice; and during the war I used it with very gratifying results at Forts Morgan and Gaines, and in general hospital, Mobile, Ala.

J. M. Heard, M. D.

West Point, Miss.

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[For the Brief.]

Puerperal Septicæmia—Gonorrhœal Syringe.

EDITOR MEDICAL BRIEF:—Dr. L. O. Jones desires information of the above usually fatal disease. Prof. Carl Schroeder, of Erlangen, Germany, advises the administration of cathartic doses of calomel, combined with small doses of opium. To control fever large doses of quinia. This treatment is based upon the old notion that all humors find their exit through the secretions.

GONORRHŒAL SYRINGE.

Through the kindness of A. M. Leslie & Co., surgical instrument makers, of this city, I have been able to arrange a syringe made of gutta percha, which is better than the old glass or short rubber one. The body of the syringe is made to hold two ounces of liquid. The stem, long or short, as deep or superficial injections are required, terminating in a conical bulb, similar to the bulbous bougie. There is no danger of wounding the mucous membrane, as is usual with other varieties with a sharp end.

JOSEPH L. BAUER, M. D.

St. Louis, Mo.

[For the Brief.]

Typho-Malaria.

EDITOR MEDICAL BRIEF:—Permit me to state in a few words my treatment of typho-malaria. To answer the question if quinine is an oxytocic, what shall we use in cases of fever. We have had this fever raging in the neighborhood for upwards of a year, and for the last six months it has proven fatal in a great many cases. I have satisfied myself that it was not the malaria but the quinine that acted as an oxytocic, and have discarded the quinine treatment on that account in pregnant females altogether, and since, I find that I obtain better results from salicylic acid, I have discarded quinine almost entirely. I give my patients five to fifteen grain doses of salicylic acid every two to four hours in connection with a little Dover's powders, when needed. In cases where tympanitis is very severe I use turpentine emulsion, yet I have resorted to that remedy only in two cases out of one hundred. I find that tympanitis is generally controlled by poultices of pulverized lini, eight ounces, and herb hyoscyami, two ounces, applied as hot as can be borne over the abdomen. To control hemorrhage or guard against it I use potass. chlorate and tinct. ferri muriat. with plenty of pure glycerine.

When I can keep my patients at perfect rest in bed and give them plenty of milk and egg-nog to drink I fear the disease but little. Of course, I use calomel or tannic acid in cases where these remedies are indicated. I always keep in my mind this fact: that there is more danger in giving too much than not enough medicine. The dry, hot flannel cloth vigorously applied to the patient controls profuse perspiration.

PAUL L. BRICK, M. D.

Le Mars, Iowa.

[For the Brief.]

Urticaria.

EDITOR MEDICAL BRIEF:—F. W. Hudson, M. D., of Blountsville, Ala., desires to know the best treatment for urticaria. I would advise the doctor to use the following prescription for all cases of pure urticaria, and I do not think he will need to call upon the profession for a remedy in that malady again soon. However, give it a trial, doctor, and so soon as you find it to meet fully the requirements, state the fact in the BRIEF:

R. Pure Absolute Alcohol....½ ounce.
Ol. Tiglii..... 1 drop.
M. Sig.: Five to ten drops every three or four hours.

New Point, Mo. J. ASHWORTH, M. D.

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[For the Brief.]

Pneumonia Complicated by Gangrene of the Lower Extremities.

EDITOR MEDICAL BRIEF :—In the February number of the BRIEF, Dr. M. H. Eades reports a case of gangrene of the lower extremities. The case is an interesting one to all medical men, but especially so to me, on account of having had a case in my own practice in many respects similar to the one reported. Some months ago I was called to visit a young man eighteen years of age, whom I found suffering from inflammation of the right lung. The disease appeared to be running a favorable course, and on the seventh day from my first visit, the pulse had fallen from 114 (highest pulse rate) to 90, and the temperature from 102 3-5 (highest point reached) to about 100. Convalescence seemed established. The next day the patient complained of a feeling of faintness, and was noticed to turn very pale for a few seconds. This was followed by severe colicy pains, lasting several hours, which no sooner ceased, than pain of an agonizing character was felt in both legs, which, upon examination, were found pulseless, cold, and of a pale tallow color. The case I diagnosed as embole, and my diagnosis was confirmed by other medical men who were called in consultation. The feet and legs gradually changed to dark purple, or greenish black, more or less mottled with red, and became shriveled and dry. The gangrene extended to the knee on the right limb, and on the left to a little above its middle. The treatment consisted in the constant application to the limbs of antiseptic poultices, in the administration of nourishment and stimulants to sustain the strength, and morphia to relieve the pain, which was at times intense. The case appeared hopeless, the pulse ranging from 120 to 135, and very weak. The dullness over the right side remained, and there was a cough, with expectoration, showing that resolution of the lung had not yet occurred. Lines of demarkation soon formed, and the process of separation began, resulting, in about two months, in spontaneous amputation of the right limb at the knee, and of the left down to the bones, which were sawed through, leaving the stump to form by granulations. From this time out the patient improved rapidly, and his condition was soon such that it was considered practicable to perform amputation through the right thigh. At the operation the trunk of the femoral was found obliterated. After the operation the improvement was rapid, and at the present time the young man enjoys excellent health. In this case I believe an embolus was in some manner detached from the inflamed lung and found its way to the heart, through the pulmonary veins, and thence into the circulation. In its passage through the heart and down the aorta, we have an explanation of the faintness and colic already mentioned as having occurred. The only feasible explanation of the simultaneous plugging of the vessels of both extremities would be that the clot divided at the bifurcation of the aorta, a portion going into each iliac and thence downwards. In Dr. Eades' case, I believe the embole to have been a result, not of the fever, but of the pneumonia which supervened during its course. There are several points of marked difference between the two cases. In the one case gangrenous vesicles were noticed on one limb six or eight days before they appeared on the other, and there was little or no pain, whereas in the other case both legs were spontaneously attacked, and the pain was intense, continuing until both limbs were removed. However, I firmly believe in both cases the gangrene was a result of emboli, which had their origin in the lungs.

R. E. CLAPP, M. D.

Mildmay, Ont.

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[For the Brief.]

Sexual Debility.

EDITOR MEDICAL BRIEF:—In answer to an inquiry made in the February BRIEF, page 97, for information as to the best remedy for the treatment of sexual debility, it would seem that we should inquire as to the composition of the seminal fluid. From many chemical analyses I have made of the semen taken from the testes of animals, I have invariably found in all of them a nitrogenous alkaloid hypophosphite. In the testes of the horse I have found an active hypophosphite, having as one base an albuminoid, another base an olein, and the third water holding ammonia in solution. That is, the hypophosphite in the semen, which gives to the fluid its whole vitality, is combined with albumen, olein, ammonia, and water, the whole a nitrogenous alkaloid. Instead of ammonia, the semen of the dog contains lime and a little potash. The semen of man contains more soda, but lime and potash are present in small quantities. I have examined the pollen of plants, and all I have seen contain the same grand hypophosphite alkaloid. The many investigations I have made in this direction, have given me the fact that all the procreative functions of animal and vegetable life are dependent for their vitality and activity upon the vital hypophosphite in their composition, and if that is supplied in insufficient quantity, the function is weakened, and I think, also, the progeny is weaker. All physicians know that enervating diseases, sloughing wounds, and abscesses, fractures especially, weaken and for a time destroy sexual ability. The same is the result with hard study and prolonged mental effort. A college student acknowledges that he can not attend to these two affairs at the same time. In my hands, and I have had more study on this subject than most physicians, I have seldom failed in such a case as your "subscriber" asks about in restoring to its proper condition that often seen case of sexual debility. I have found no other remedy gives me such universally good results as the vitalized phosphites, because this remedy contains, ready for assimilation, the active, vital hypophosphite, just as it exists in the brain, the semen, and the pollen. It feeds the brain and whole nervous system. It is not a stimulant that leaves the consumer in a little quickened excitement, and much worse off than before, but it adds to the vital energies of the system. With no other remedy, I have succeeded in restoring and maintaining vitality. I would refer to the transactions of the American Medical Association for 1872 a prize essay on phosphorus.

S. R. PERCY, M. D.
New York.

[For the Brief.]

Remedy Wanted.

EDITOR MEDICAL BRIEF:—Will some who have experience tell me how to obviate the following symptoms, viz.: A patient with granulated os uteri, endocervitis and endometritis. I have both the former nearly or quite well; the latter is not quite so, as there seems to be a membrane shed. That, I think, comes from the body of womb. The patient's age is thirty-five or thirty-seven; she has three children, the youngest four years; she has not been very stout since her last confinement. I have different pessaries, but she got most relief from the McIntosh supporter, with ant. ven. cups. She can't sleep at night, sometimes from pains, but more frequently from wakefulness. The pains rush to her breast or chest, and then to her head, which break out with a rash like urticaria, with weakness and aching generally.

E. G. FARRIS, M. D.
New Waysville, Ind.

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[For the Brief.]

Miasmatic Myths.

EDITOR MEDICAL BRIEF:—I am loth to enter the arena of miasmatic "myths," etc., but circumstances impel me to give facts, and I most earnestly request the benevolence of the brotherhood, in dispensing a most disagreeable embarrassment evoked solely by personal prejudice and envy. I would not ask you to pass upon ethics, but simply vindicate or condemn (as seemeth just) my course in the following case, to wit:

Mr. B, recently from a more southern climate; aged about forty years; tall, and of rather nervous temperament; has family of five children; three or four days has malaise, cephalalgia, chilliness, slight fever, etc. During these days has taken several doses comp. cath. pills, U. S. P., and a little quinia; bowels well evacuated.

February 21st, asked advice; symptoms, immoderate headache, severe aching pains of spine and lower extremities; rigor or chilliness about six o'clock A. M.; rigor or chilliness about six o'clock P. M., followed by exacerbation of fever. Pulse ninety to ninety-six; quite voluminous; respiration hurried; temperature elevated; tongue broad, tremulous, and heavily furred; slight oppression of chest; high colored and scanty urine; horrid bilious fetor of breath; restless insomnia; no appetite; paroxysms plainly describing periodicity. Diagnosis—Bilious remittent fever (bi-quotidian), malignant tendency suspected. Treatment:

R. Calomel.....12 grains.
M. Div. Chart No. 3. Sig.: One every four hours.

Also,

R. Ex. Gelsemii fl.....40 drops.
Ex. Aconiti rad. fl..... 8 drops.
Ex. Jaborandi fl.....80 drops.
Aquæ font q. s..... 1 ounce.
M. Sig.: Teaspoonful every two hours.

Quinine as sparingly as circumstances would allow, on account of antipathy and seeming idiosyncrasy.

Eight P. M. Rigor at six as before. Symptoms very much the same. Continued fever solution and quinine; brom. potass. and chloral for quiet.

February 22nd. Morning, chilliness as before; bowels moved moderately; symptoms intensified; oppression about left lung augmented. Ordered mustard, friction, warmth, etc. Also:

R. Rhei Pulv.....10 grains.
Leptandrin Pulv..... 3 grains.
Podophyllin Pulv.....½ grain.
M. Chart No. 3. Sig.: One every four hours.

Increased gelsemini, and continued solution as before; brom. potass. and chloral to quiet; quinine in larger portion. In the afternoon copious black bilious discharges, short period of perspiration; evening, chilliness lighter, general aspect otherwise very much the same. Increased febrifuge and quinia largely in spirits nitre dulc.

February 23rd. Morning, rigor later and very light. Symptoms ameliorated, but cinchonism somewhat prominent. Pulse softer, easily compressed, and temperature declined; in fact, all more favorable. Continued medicine same, except quinia, for which I substituted salicini, all the time insisting on nourishment, wine, etc. The reason of change from quinia to salicini, patient refused the former. I left to call in three hours. About noon, my friend, Dr. G., was called, regardless of respect for me.

February 27th. Patient is reported progressing favorably. Wherein did I err. Please let me have the opinion of many. Gratefully and honestly will I imbibe, as did I honestly and conscientiously endeavor to treat the subject of this article correctly.

JOHN W. BOATNER, M. D.

Smithfield, Texas.

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[For the Brief.]

Gangrene—Menorrhœa—The Brief vs. Text-Books.

EDITOR MEDICAL BRIEF:—I have read every number of the BRIEF for nearly two years; and highly appreciate this complimentary means of doctors instructing each other. Although I have withdrawn from practice, yet my desire to see the medical art advance appears to be on the increase.

I had been especially delighted over new and important instructions in February number. I will allude to such points that came nearest home to me.

Gangrene, Dr. Eades, p. 80. Undoubtedly, correspondents can not do a greater favor to the readers of the BRIEF, than give cases of gangrene that have followed typhoid fever and pneumonia. I am rather inclined to think that the case in question followed the attack of pneumonia. Many causes are assigned to gangrene; and under numerous circumstances is it looked for and dreaded. On the other hand, originates in apparently healthy persons, and springs up in what we would consider healthy structure, as in Dr. Eades' case, probably all nourished by the same elements and formed by the same process.

Rici, an Italian physician, over a quarter of a century ago, wrote that gangrene did result from fermentation, or was the product of fermentations; and could be counteracted by hyposulphite of soda. This appears in my first note book, but when I needed it, I had forgotten it. At that time, I had all the faith in text books, and but little in medical journals.

Towards the close of 1870, I was called to a middle-aged woman, whose life had been of the favored class, yet a gangrenous spot of half a dollar in size appeared in the same locality as that of Dr. Eades' case. I was persuaded into service on account of my supposed honest intentions, and backed by counsel. I was assured that no blame should be laid on me under any circumstances. I done all I could by search, study, and counsel, yet the raised edges traveled on. When about three inches in diameter, I gave orders to call together the family, relieve me, and select another physician. But strange freaks appear in medicine, even outside of maternal impressions. When I came home, I found a stray copy of the St. Louis Medical Archives, December, 1870, on my desk, with Rici's prescription:

R. Sod. Hyposulph..... 1½ ounces.
Syr. Simp ..... 1 ounce.
Aquæ Cinnamomi fl...13 ounces.
Sig.: A tablespoonful three times a day in a wine-glass of water.

I had been informed that still the family would not relieve me. So I begun with this prescription; but a full dose acted too severely on her bowels, and a less apparently diminished the effects. But in less than ten days the spread in some localities ceased; the edges sunk and separated from the living tissue. At other places it appeared more stubborn, and took a longer time to yield. At the first breaks new islands formed, and the result was truly encouraging. The patient ordered her bed to be moved to a front room, facing westward. A cold storm came up on first night, and she was taken with pneumonia, and died inside of forty-eight hours.

No human heart can be so base as to desire, even for the sake of experiment, a similar outbreak. Yet I did wish that when it should again appear, that it would fall into my hands. Singular, before many months I was called to a similar attack. The patient, also a woman, but of strong, robust habit; could bear a full dose. In a few days, the increase, as shown by calibre measure, stopped; and the edges fell all around, and the entire scab came off in less than a week. The sulphite was

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pushed to purify the blood. Only a thin scab formed again, less dark, and came off soon, leaving underneath a healthy scab. Fully healed, and no sign of return during past eleven years.

In honor to this peculiar February number, I desire to show how I was taught to control copious and prolonged menstruation, with nitric acid internal, when I found it successful. I did use it with success in miscarriages, and from there carried it over to bloody discharges from the bowels in typhoid fever cases, with gratifying result. A. C. Williams, p. 68.

I am sorry that I am at the rope's end, as I would love to give my experience in obviating the putrid sore throat in scarlet fever. Dr. J. M. Evans' way, p. 85, appears rather novel, yet, no doubt, answers the purpose; and if he keeps the throat in order, will find that he can modify his other treatment, and rarely meet with any death.

The BRIEF versus Text Books. It is a fact not so generally observed that text books are often written by contract for publishing houses; and are to contain so many pages and so much matter. The full dependence be somewhat feared, since the same theory of one author will not answer for another publishing house, even if on the same subject. As for instance, take the late works on diseases of women. Emmet could not run over the same course that Barnes and Hewitt did. Thomas and Byford had to follow even these leading authors, and yet write in such a style that would remunerate the publisher and themselves. Mundi, writing for another house, had to pitch in the rear, and yet avoid collision. It is delightful to see how admirably he has fulfilled his task.

The writers of the BRIEF have no scheme to employ; but write with a full intention alone to benefit human kind and instruct their brethren without compensation. The substance in a text book is fixed, one-sided, and held by the reign of the author. In the BRIEF, it is movable, may be patched, mended, or even taken up altogether, when superior discoveries are made.

S. S. STAUFER, M. D.
Philadelphia, Pa.

[For the Brief.]

Pruritus of the Anus—Small-Pox.

EDITOR MEDICAL BRIEF:—For Dr. Baldwin's case of pruritus of the anus, I would say: Keep your patient's bowels open; stomach in good order; parts clean; and apply, twice a day, the following lotion:

℞ Unmanuf. tobacco leaf. 1 drachm.
Boiling water..... 1 pint.

Between the applications, apply a piece of lint, soaked in this solution:

℞ Listerine..... 1 ounce.
Morph. Sulph..... 6 grains.
Acid Hydrocyan. dil... 1 drachm.
Glycerinæ..... 4 drachms.
Aquæ..... 4 ounces. M.

If the itching is caused by ascarides in the rectum, then apply an ointment made of equal parts of lard and mercurial ointment, twice a day; and also to pass a portion of the ointment within the sphincture.

I would say to Dr. Casey, the best treatment of small-pox is, vaccinate your patient every day with genuine Beaugency bovine virus, during the stage of invasion and eruption; and once or twice during the stage of suppuration, if you think it requires it to abate fever. During the invasion, use cold drinks, and remedies, to relieve vomiting, if required. I would respectfully ask all the medical readers of the BRIEF to try the above treatment in their cases of small-pox, and report their success.

ANDREW J. WILLIS, M. D.
Saratoga Springs, N. Y.

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[For the Brief.]

Gulf Weed.

EDITOR MEDICAL BRIEF:—In the August number of the BRIEF, Dr. Milton highly recommends the solid extract of gulf weed in obesity. It seems that gulf weed was not very well understood, and some of the profession have inquired as to what it is, where it could be found, etc. In the January number, Dr. Taylor says its English name is laver, and its botanical name sargassum bacciferum. In the February number, Dr. Scherer says its English names are seaweed and bladder-wrack, and its scientific name fucus versiculosus. The U. S. Dispensatory gives the names mentioned by Dr. Scherer, but does not give those mentioned by Dr. Taylor as synonyms. Are they the same? Both are recommended for obesity. I have used the fl. ext. of bladder-wrack with excellent effect in a case of obesity, carrying out Barthalow's directions as to diet.

J. N. PARR, M. D.

Jolietville, Ind.

[For the Brief.]

Enlarged Glands—Quinine as an Oxytocic.

EDITOR MEDICAL BRIEF:—If Dr. J. S. Corn, Central Point, Ark., will paint the enlarged glands, once a day, with one part iodoform and fifteen parts collodion, I think he will be pleased with the result.

For the benefit of Dr. W. De Wolfe Jones and others, please insert the following from the transactions of the Philadelphia College of Physicians, 1875, page 183: "Quinia as an oxytocic deserves more than a passing notice, having been very carefully tested by several leading obstetricians of Philadelphia within a few years. According to the observations of Dr. Albert H. Smith, in forty-two cases of parturition, it presents the following peculiar characteristics: It has no power in itself to excite uterine contractions, but simply acts as a general stimulant, and promoter of vital energy and functional activity. In normal labor at full term, its administration in a dose of fifteen grains, is usually followed in as many minutes by a decided increase in the force and frequency of the uterine contractions, changing, in some instances, a tedious, exhausting labor into one of rapid energy, advancing to an early completion. It promotes the permanent tonic contraction of the uterus, after the expulsion of the placenta, women who had flooded in former labors escaping entirely, there not having been an instance of post-partum hemorrhage in the whole forty-two cases. It also diminishes the lochial flow when it had been excessive in former labors, the change being remarked upon by the patients, and consequently lessens the severity of the after-pains. Cinchonism is very rarely observed as an effect of large doses in parturient women."

With a considerable obstetric practice for several years, the above has been my own experience. I can recollect only two cases of premature labor while taking quinine, and those were doubtful, as both children, though small, were well developed girls, although the mothers contended they were only "eight months gone." Both cases were having chills. In both labor was rapid, not over half an hour. In one case the labor occurred at the regular chill time. The other patient was troubled with excessive purging and vomiting during the preceding paroxysm, and labor came off several hours before the next chill time. In both cases mother and child did well, and chills ceased at once.

A short time since I attended Mrs. H. in her fifth confinement. As soon as the head was born, I detected the cord around the neck of the child. I imme-

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diately drew down a loop of the cord, but before I could slip it over the head, a strong pain came on, forcing the body out, and I let the child pass through it, and behold! about four inches from the umbilicus, a well tied knot. Now, will that not explain the modus operandi of that knotty question?

In 1868, I attended a woman in confinement, and while the nurse was dressing the child, the father called my attention to a "teat" on its hand. Upon examination I found an extra digit on the outer surface of each hand. Upon inquiry, I learned that the mother had never seen such a thing before, but four or five months previous a negro had stopped at the gate to ask for water, and her mother and sister, both being in the yard, came in and told her the negro had five fingers on each hand. As she had never heard of such a thing before, it made a great impression on her, and she could not keep from thinking of it. Now, may not some similar thing have occasioned it the first time in Dr. Godfrey's case, in January BRIEF, and afterwards the fear and dread of it have occasioned the very thing she wished to avoid? GEORGE A. WRIGHT, M. D.
Halesboro, Tex.

[For the Brief.]

An Electrical Perineal Compress.

TO BE WORN FOR SPERMATORRHŒA, EXCESSIVE SEMINAL EMISSIONS IN WEDLOCK, EXCESSIVE INVOLUNTARY NOCTURNAL EMISSIONS OF SEMEN, ETC.

EDITOR MEDICAL BRIEF:—Take sixteen pieces of sheet zinc, two inches wide at one end, and one and one-half inches wide at the other end, and three and one-half inches long, of tolerable thickness. Take sixteen pieces of sheet copper, two inches wide at one end, and one and a half inches wide at the other end, and three and one-half inches long, of the same thicknesses as the pieces of zinc. Take a piece of lead three-eighths of an inch thick, moulded in wooden moulds, gotten up for the purpose, made of the same size as the pieces of copper and zinc. Have it smooth upon the bottom and top surfaces. Put a piece of zinc on the lead, and then a piece of copper, and so on till you place all the pieces of zinc and copper on the lead, alternating them. The last layer will be copper. When thus adjusted, place them in a clamp and bore a hole through all of them near each end, and rivet them tightly and smoothly together, with two copper rivets; and round up the corners and edges of the electrical pile with a file. Then turn up the last layer of copper at each side, so as to form a groove of sufficient size to hold two india rubber cords three-eights of an inch in diameter. Let the cords be long enough to go around between the legs and over the shoulders, so as to hold the electrical pile between the scrotum and the ani, with the narrow end towards the ani, with tightness enough to make considerable compression over the region of the ejaculatory ducts. The ends of the cords may fasten to each other with wire hooks and eyes, with an arm or shaft running off from them, say three inches long, which may be made fast to the end of the cord by wrapping a twine around the cord and wire arm. Place the lead next to the skin. If the skin becomes irritated, you may cover the electrical pile with silk. This instrument can be worn at night, even in sexual intercourse. The lead does not shut off the electrical current, while it has a soothing and palliative effect upon the irritated mouths of the ejaculatory ducts, while the electric current strengthens them. This instrument forms a new era in the science of medicine.

I. J. JONES, M. D.
Vienna, Mo.

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THE MEDICAL BRIEF.

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[For the Brief.]

Chloral in Dysentery.

EDITOR MEDICAL BRIEF:—In September, 1875, I called the attention of the profession to the great value and the advantages of chloral hydrate in the treatment of dysentery. Am not aware of any one using chloral in dysentery before that time. If Dr. Barkley will inject thirty or forty grains, in three ounces of starch water, and at the proper time give quinine, bismuth, and svapnia, pro re nata, with turpentine stupes to the bowels, he will very seldom give the advice, "If you fail the first time, try again." Chloral is a decided hypnotic, and acts, indirectly, as a diuretic, in dysentery.

S. HARVEY LAMBERT, M.D., F.G.S.
Ogden, Ind.

[For the Brief.]

Malarial Hæmatoria.

EDITOR MEDICAL BRIEF:—In the October number of the BRIEF, page 550, Dr. Randolph gave his treatment in malarial hæmaturia, and asked for a better one, as he is not sure his is right. I offer him the following treatment. Right or wrong, I have used it for two years with wonderful success, and out of eighteen cases, the past year, have only lost two patients. My opening treatment is as follows:

R. Hyd. Chlo. Mit.....10 grains.
Sacch.....10 grains.
Sodæ Bicarb.....10 grains.
M. div. chart No. 2. Sig.: One every hour, and if it does not operate in eight hours, give a dose of epsom salts.

R. Quiniæ Sulph.....30 grains.
Strychniæ Sulph.....¼ grain.
M. div. in pill No. 10. Sig.: One every four hours until the patient is well under the influence of the strychnia, and then begin with quinia in heroic doses every four hours. Add a little pepsin to each dose.

If the stomach will not retain or absorb the quinia, I give it hypodermically, dissolved in hydrobromic acid. I have never had any bad effect from using the quinine in this way, but I always warm the solution and filter before using it. For a diuretic I use the nit. pot. or spts. turpentine, and the bromide pot. to keep the patient quiet, in the place of an opiate. While an opiate has the happy effect of bringing about that sweet sleep so much needed sometimes, yet it is a well known fact that it has a tendency to lock up all the secretions of the body except those of the skin, and if the secretions of the kidneys are not kept up, your patient soon passes into a coma, followed by death.

A RED RIVER M. D.
Cassanbria, La.

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[For the Brief.]

A Unique Case.

EDITOR MEDICAL BRIEF:—Was called, November 28th, 1881, to see a young man, aged thirty-three years. He is "non compos mentis" and a mute. Family history unimportant. Early in September last his abdomen became distended, and he had a profuse diarrhœa. Two physicians were called to see him, their diagnosis being ascites. When I saw him the distention was wonderful, the abdominal surface everywhere exceedingly tympanitic. I soon decided that it was an accumulation of gas. Was surprised when his mother told me there had been a total absence of the ordinary symptoms of flatulency, except, of course, the intestinal inflation. I could readily exclude phantom tumor. After prescribing valerian assafœtida, strychnine, pepsin and bismuth, without benefit, I resorted to the stomach tube. After passing it into the bowel to the distance of about eighteen inches, gas having a highly characteristic aroma, escaped in great abundance. The abdomen regaining its normal appearance, I applied bandage, and left him large doses of carb. lig., and continued strychnine, pepsin and bismuth, supplemented with an occasional mercurial purge. Notwithstanding this, re-accumulation occurred with great rapidity. Bandage gave so much pain that it was removed. I again used the tube, and pursued about the same plan of treatment, with similar result.

February 10th, I found him most alarmingly inflated. No one thought he could survive longer than a few hours. I now introduced the tube again, and confined it. This, as before, was followed by immediate relief. Prescribed a large dose of calomel, which acted promptly, and greatly improved the appearance of the evacuations; continued strychnine and pepsin. He tolerated the tube for forty-eight hours; it was then removed, and there has been no trouble of any kind since; stools assuming a normal fecal appearance for the first time since September. Think his recovery very probable. So far as I am informed this case is unique.

J. TAYLOR STEWART, M. D.
Berry, Ky.

[For the Brief.]

Spontaneous Combustion.

EDITOR MEDICAL BRIEF:—The "spontaneous combustion" referred to by a student of medicine, in a recent number of the BRIEF, was caused by the energetic oxidation of the linseed oil contained in the liniment used. In this connection it is well to remember that all the oils (fixed and volatile) have an attraction, more or less great, for oxygen; and that masses of cotton, saturated with them, especially with linseed oil, often take fire when exposed to the air. It is supposed that the late patent office and navy department fires, in each instance, originated from the spontaneous combustion of some inflammable material, saturated with linseed oil, that had been carelessly thrown aside after having been used to polish a few old desks.

ROMULUS ADAMS FOSTER, M. D.
Washington, D. C.

[For the Brief.]

Tetter of the Hands.

EDITOR MEDICAL BRIEF:—In reply to "Ignorans," in the February number of the BRIEF, page 84, I would advise the use of either of the following ointments:

R. Chrysophanic Acid....1 drachm.
Cosmoline.....1 ounce.
M. Sig.: Apply to affected parts night and morning.

R. Oxalic Acid.....1 drachm.
Pure Glycerine.....3 ounces.
M. Sig.: Apply night and morning.

FLOYD E. CRUM, M. D.
Dumas' Store, Ala.

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[For the Brief.]

Synovitis of Knee-Joint.

EDITOR MEDICAL BRIEF:—For the benefit, or non-benefit, of Dr. P., let me say: I was called on Sunday night, August 28, 1881, to see Miss Jennie W., aged eighteen years, black hair, brown eyes, fair skin, a buxom daughter, well developed, nourished, and fed in every particular, rather above the normal for her age. Menstrual with all other functions perfectly normal. Family history relative to health very good. Two days previous, while engaged in scrubbing the porch, she slipped and fell on her right knee. She felt a sharp pain in it for a time, but it soon left her. About ten P. M., on retiring, she found it almost impossible to raise her right limb from one step up on to another. There was a heavy pain during all that night, and in the morning she found the same trouble in coming down stairs, but after using her limb for a while, she was able to get along much better. At eight A. M. she started on foot for Sabbath school, a distance of three miles. While at Sabbath school she took a very heavy chill, became powerless as well as insensible, was brought home in a conveyance, and pills administered, but she still grew worse. Her limb now pained very much, and it was swelling rapidly. At about this time, ten P. M., I saw her. Pain and swelling were most felt at inside of knee-joint, perhaps two inches above joint, and the swelling extended along the whole inside of limb. Pulse 120, axillary temperature 105° F., tongue little coated. An anodyne mixture was given containing, to the teaspoonful:

Tr. Aconiti	1 drop.
Tr. Verat. Virid	1 drop.
Tr. Gelsemii	4 drops.
Morph. Sulph	⅛ grain.
Hoffman's Anodyne	15 drops.
Tr. Valerian	15 drops.
Aquæ	30 drops.

This was given every hour until the temperature was reduced to 103° F. At the same time, two grains of quinine, with five grains of iron by hydrogen, were given once every three hours. On the next day the inflamed limb measured, three inches above the knee, thirty-one inches in circumference, and the sound one, at the same place, measured only eighteen inches. Tinct. iodine was freely applied, and the limb covered with batting, as it was impossible to bandage it, on account of the pain. In about three days the temperature was reduced to 103° F., and remained between 102° and 104° F. for twenty days. The limb during all this time remained about the same, with pain at times almost unbearable at inside of joint. I now asked for counsel, and Dr. B. F. Wagenseller, of Selinsgrove, was called. The exploring needle was introduced for about three inches, at seat of pain, and a small quantity of thin yellow fluid escaped. The pain now left on inside of knee, and the swelling at that place partly subsided, but it now seemed to center six inches above, on inside of leg, or a few inches below pubis. The pain at this place in a few days was even greater than at inside of knee-joint. Hot poultices of flax-seed were kept on continually, day and night, for ten days. Then the exploring needle was introduced, and a free deep incision made. Two quarts of pus and blood escaped in the first twelve hours. It was thus left to drain for five days. Afterwards it was syringed thrice daily, for twenty days, with a strong solution of carbolic acid. It then closed up, and has been well up to this time. The menstrual functions were all right, and I have no idea that they had anything to do with the limb. According to Dr. P.'s theory, synovitis would not take place while the menstrual functions are in proper trim. In sixty days from date of injury the limb was healed.

H. H. BORDNER, M. D.
McClure City, Pa.

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[For the Brief.]

Hermaphrodites.

EDITOR MEDICAL BRIEF: — A few months ago Mrs. W., aged thirty-two, married five years, requested me to examine her, as she feared that she was not formed like other women, though she enjoyed sexual congress. Her husband never complained of being unable to accomplish his designs. An examination proved her to be a hermaphrodite. What should have been the vagina was a little cul de sac, one inch deep. She was very anxious to have an operation performed, that her husband might never know her condition, she being perfectly willing to assume all responsibility, and pay a handsome fee if successful, and if not successful, to pay her physicians $50 each. I called in consultation two medical friends. After chloroforming, an incision was made through the cul de sac, which opened into the pelvis, and as we could find no trace of a vagina, womb, or ovaries, we united the wound, which healed kindly, and Mrs. W. made a good recovery—minus $150.

Mrs. K., aged forty-three, married twenty-two years, I have attended for several years. Lately she complained of severe pains in lower bowels. When questioned as to her monthlies, imagine my surprise upon being informed that she never had them. I insisted upon an examination, which proved her to be a hermaphrodite; not even a cul de sac. Sexual intercourse had been accomplished through the urethra, without the husband or wife suspecting anything wrong, which was all the more surprising, as they belonged to that class that should have known better. Mrs. K. informed her husband, contrary to my advice, of her condition, and he brought her to my office to know if such was the case. Mrs. K. insisted that I should state truly her condition, so a week later, the latter part of last month, Mr. K. took to his home a perfectly formed woman, Mrs. K. giving her full consent to his having a mistress.

A. TREGO SHERTZER, M. D.
Baltimore, Md.

[For the Brief.]

Humanized Virus.

EDITOR MEDICAL BRIEF:—Permit me to speak a word in regard to vaccination. During the past two months a question of importance to me has been very clearly demonstrated. The question runs thus: The Illinois State Board of Health requires all school children to be vaccinated prior to attending school. We (my partner, Dr. Richardson, and I) found great difficulty in obtaining the bovine virus, whilst our neighbor physician took the "bulge on us," as he called it, by begging the crusts after his first vaccination had matured. But soon our harvest came. During the past two weeks we have treated more than twenty-five of his patients, suffering from an erysipelatous condition of their vaccinated arms. Some of them present a septicemic condition, and we have one case under treatment in which we fear amputation will be required to save the patient's life, and then perhaps we will fail. Physicians of experience will confer a great favor on me by reporting their mode of treating such cases. I have made use of:

R. Tinct. Ferri Mur.....2 ounces.
Glycerine.....2 ounces.
M. Sig.: One-half teaspoonful, four times a day.

For lotion I used:

R. Argent. Nit.....10 grains.
Aquæ..... 2 ounces.
M. Use by means of linen cloth.

When much febrile excitement, I used special sedatives, aconite or gelsemium, as the case demanded. When congestion was present, I made use of quinine in full doses, ten grains every four or five hours. The question I referred to is: Is it very dangerous to use the humanized virus?

Neoga, Ill. G. F. DOUGHERTY, M. D.

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[For the Brief.]

Maternal Impressions.

EDITOR MEDICAL BRIEF:—Have read with considerable interest the articles in the BRIEF on maternal impressions, as conducted by the able pen of Dr. Wagner. But, while so sedulously recording each untoward event occurring during gestation, and followed by malformations, would it not be less one-sided to gather a few such incidents not succeeded by morbid deliveries.

A lady, residing half a mile from me, is a case in point. During her first pregnancy (in the third month), she went to see a large catfish. It weighed eighty-seven pounds, and, as it swung from a hook in its jaw, and writhed in its dying torments, it was a hideous object. As she stood beside it, it fell, striking her to the ground. She was thrown into violent hysterics, and many of the neighbor ladies prophesied evil. She was filled with the greatest anxiety during the rest of her term, yet was delivered of a remarkably fine boy.

"Blonde," in the January BRIEF, requires a response. His statements of "seven months' child" for first; early love for patient; voices of scandal, etc., would favor the opinion of a paternal instead of a maternal impression. "Blonde" owes a duty to himself, to his fair patient, and to the medical fraternity. If strong in the conviction of innocence, he should bring an action for criminal libel against those who have besmirched his fair name. A committee of experts could decide the question of the husband's "incapacity," and the even scales of justice would forever exonerate or demolish him.

This theory brings up another question. While the nominal father implants the germs of men, vegetative life, its spiritual parent, moulds the contour of its limbs and features, the bent of its mind and character; and even the color of hair or eyes by a species of mental coition. Besides this, the creature exercising this loathsome union is, perchance, the most hideous or brutalizing known to man. You say a woman must not wed a cousin, or her offspring may be injured, yet a brother, perchance, may exercise this influence. Such a theory outrages reason and humanity, God and man, or science and theology. This doctrine, in its hideous deformity, would have us a world of baseborn bastards.

DRS. BERTENSHAW & BOGART.
Drewersburg, Ind.

[For the Brief.]

Curacoa Cordial—Salicylic Acid—James' Powder.

EDITOR MEDICAL BRIEF:—In the January number of the BRIEF, page 7, Dr. W. F. Burke asks for a formula for making curacoa cordial, which is made as follows: For 10 gallons, 1 lb. curacoa orange peel, 4 ozs. ceylon cinnamon; let it soak in water; boil five minutes with the juice of 16 oranges and 7 gallons of white plain syrup; then add 3 gallons of alcohol, 95 per cent; strain and filter; color dark with sugar coloring.

In the February number of the BRIEF, page 106, Dr. Joseph F. Hickman inquires about the best plan of administering salicylic acid. I think the following formula for compounding the salicylic acid elixir, will answer his purpose:

R. Salicylic Acid..... 1 drachm.
Alcohol..... 6 drachms.
Simp. Elix. q. s. to make 6 ounces.

Dose, a tablespoonful, containing five grains of the acid, the taste of which is well masked; the amount of alcohol in this preparation is not contra-indicated, but seems to overcome the tendency of the acid to depress the heart. This mixture has been given in small-pox with good results.

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Dr. Hickman can find other information in the BRIEF of January, 1881, page 39, and of February of the present year, page 10.

In the February number of the BRIEF, page 82, Dr. Young inquires about the genuine formula for James' powder. According to Donald Monroe, the formula deposited by James at the chancellerie of London, and signed by himself, prescribes the calcination in a crucible of sulphur of antimony in adding a small quantity of nitrate of sodium and a few drops of dippel animal oil until the mass becomes white.

A. D. ARCOURT, M. D.
Jonesboro, Ill.

[For the Brief.]

Vehicle for Salicylic Acid.

EDITOR MEDICAL BRIEF:—In the February number of the BRIEF Dr. Joseph F. Hickman, of Moore's Store, Va., asks for the best vehicle in which to administer salicylic acid. It has a very peculiar and disagreeable effect upon the fauces if given uncombined. I have been, for three years past, using the following:

R. Salicylic Acid.....½ ounce.
Liq. Acet. Ammonia...2 ounces.
Syr. Limonis.....2 ounces.
Aquæ.....2 ounces.
M. Sig.: One teaspoonful every hour.

The amount of salicylic acid can be doubled, in case it is necessary, without changing the amount of the other ingredients, and given as frequently. Sometimes the syrup of lemon is not at hand, and then I proceed thus:

R. Salicylic Acid.....1 ounce.
Liq. Acet. Ammonia...8 ounces.
Aquæ.....8 ounces.
M. Sig. One tablespoonful every two or three hours.

As effervescence takes place when adding the acet. ammonia, it is best to make the mixture in some broad, tolerably deep vessel, and after subsidence pour it off This is a most eligible preparation, as the taste is effectually concealed, and it is, in fact, quite pleasant to take. By having the ammonia in the mixture, we subserve an important end, viz.: the prevention of the formation of heart clots, which, it is said, is not of infrequent occurrence in rheumatism, and the detachment of which produces such dire and often fatal effects. Instead of the traditional "six weeks in bed," I usually have my patients able to hobble about in from four to eight days. One case in particular, in which all the joints of the lower extremity, and all of the upper, except the left shoulder, elbow, and wrist, were intensely swollen, so that it was impossible for him to move in bed, yielded so rapidly to the effects of the remedy, that at the end of four days he could hobble about on crutches, and I discharged him on that day. As this was a severe case, I gave a tablespoonful of the second prescription every two hours. These prescriptions are not original with me, and, if I remember aright, I copied them from the BRIEF some years ago, but the brethren will find them as reliable as I have.

WM. W. MOORE, M. D.
Warren, Mo.

[For the Brief.]

Help Wanted—New Remedies.

EDITOR MEDICAL BRIEF:—I need to apologize for and explain my last article, since I only stated that my patient had been relieved, but not how. Suffice it to say, in general terms, it was by the constant use of cholagogues, sedatives, and tonics, the last constantly used, the others pro re nata.

I see countless numbers of new remedies being introduced and praised by the manufacturers and by eminent, sensible physicians. I have been induced to try some of them by those praises, and must add my mite against the too extravagant praises heaped upon those remedies. I may incur the censure and ill-will of many, but I do not mean to do so, for I only want to see honesty

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and candor used, by saying that it seems that those men who so loudly praise these new remedies, must do so from something other than the real good they derive from the use of those remedies. I do not believe in doctors selling their opinions or praises on anything in which there is no good to come from it except an increased sale of drugs.

I have seen the berberis aquifolium recommended for syphilis, highly. I have tried it, and found no good in it as yet. What is the matter? I shall continue to try it, but it seems to me I have tried it quite long enough to get what good there is in it.

I see, again, the stigmata of maize for kidney and bladder troubles. I have a female patient who suffers from some chronic inflammation of the neck of bladder; there is a brick dust deposit, and also one of mucus, in the urine; micturition rather frequent; have been unable to relieve her. She will not submit to local treatment, and right here, I would beg some of you readers —as many as will—to help me with this case. Have tried the stigma of maize with no good, but will continue to try it; but I say away with bought opinions and praises. Some of you older heads write us all the BRIEF will let you on uremia; tell us all about it.

J. H. MCCARTY, M. D.

Jefferson, Ga.

[For the Brief.]

Itching Piles.

EDITOR MEDICAL BRIEF:—I see in the February BRIEF that Drs. Taft Bros. have some bad cases of itching piles. I wish them to try the following:

R. Linseed Oil ..... } Equal Parts.
Aquæ Calcis..... }

M. Inject into the rectum as often as there is any itching; or you may try a strong solution of chloride sodium in the same way, and report your success.

Bellmore, Ind. A. MARTIN, M. D.

[For the Brief.]

Typho-Malarial Fever.

EDITOR MEDICAL BRIEF:—I treated Mr. B. for this fever, last December. For three weeks I adopted the usual treatment, using largely of chlorate potassium, a remedy I had before employed with success. But my patient got worse. Tympanitis increased, diarrhœa became considerable, and temperature 104° in the evenings. I saw something had to be employed to relieve him, else death would. So, notwithstanding I had no book authority for it, I put him on muriate tinct. iron, thirty drops every four hours, and by the time two doses were given, there was considerable improvement, and in twenty-four hours all danger had passed. Try the iron, doctors. You will do no harm with it. I consider quinine a fruitless agent in this disease, except as a tonic.

Clifton, Texas. J. H. RENTZ, M. D.

[For the Brief.]

Pneumonia—Itching of the Anus—Catarrh.

EDITOR MEDICAL BRIEF:—When we try the suggestions of others and find them good, we ought to report them. I will say to Dr. H. Bascom, of Weaverville, N. C., that I tried his treatment for pneumonia, and find it excellent; in fact, I have relieved every case that I have treated with it. You will find it in January number, 1881, p. 38. I find the following almost a specific for itching of the vulvæ and anus:

R. Hyd. Chloral..... 3 grains.
Aquæ..... 1 ounce.
M. Wash three or four times a day.

I have a patient who has catarrh of the nose, stomach, bladder, and uterus, and has had for several years. System generally reduced. No bones affected. Family history good. Tell me what will cure her. She is about thirty years of age. P. M. BRUNER, M. D.

Bragg's, Ala.

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[For the Brief.]

Puerperal Convulsions.

EDITOR MEDICAL BRIEF:—I was called September 14th, to attend Mrs. H. in confinement. On my arrival, found the lady to be a primipara, aged twenty-eight, well developed, and weighing about 160 pounds. Upon examination, found pains to be regular and os uteri dilating nicely, having reached the size of a twenty-five cent coin. Such being the condition of the case, I congratulated myself that I was to have a normal case of labor, and proceeded to conduct myself accordingly—let nature have her course. But, to my great surprise, as the head began to make the ascent through the straits of the pelvis, there was no progress made, and as each pain appeared they were of increased force, and after a number of hours of patient waiting to see if some of the parts would not yield and allow labor to progress to a favorable termination, and which it refused to do, I was forced to use the forceps, which I did, and in a short space of time delivered my patient of a well-developed male child, weighing twelve pounds. I was forced to use the forceps from the fact that the strength of my patient was fast failing. After the delivery of the child, the placenta in due time was delivered, with little or no trouble, and the lady placed in a comfortable position in bed. Feeling that I had rendered all the assistance I could in the case, I was about to take my departure, when of a sudden the lady gave a yawn and a slight moan, and passed into a hard convulsion. I immediately applied chloroform and the lance. The lady soon rallied, and seemed greatly surprised at the excitement in the room, which we subdued, and told her that nothing was wrong. I immediately administered Norwood's tinct. of veratrum viride, fifteen drops, and in fifteen minutes gave fifteen drops more, and within less than fifteen minutes she had another convulsion, which seemed harder than the first. I again administered the chloroform and applied the lance, this time to the other arm. She soon rallied again, and so soon as she could swallow, I administered thirty drops of veratrum viride, and in fifteen minutes gave fifteen drops more, making in all seventy-five drops taken, and extracted twenty ounces of blood. Now, to my mind, the peculiarities in the case were these: First, there was but little blood lost during labor, hence the great pressure on the brain, producing the convulsions; second, the great amount of veratrum viride that she bore with but slight effect upon the pulse, bringing it down from 120 to 60 beats per minute, and there remaining. This being all I did for the case, I would ask some of the experienced readers of the BRIEF if, in their judgment, it was the use of the veratrum viride or the extraction of the blood that controlled the convulsions, or was it both? As so much is being said about the use of veratrum viride in these cases, I thought I would report my case for an opinion of some of the more experienced members of the profession on this subject. I will add that no more trouble was experienced in the case, a rapid recovery was made, and to-day both mother and child are enjoying good health.

J. T. WALLS, M. D.

Butler, Mo.

[For the Brief.]

James' Fever Powder.

EDITOR MEDICAL BRIEF:—In reply to "Young Physician," Gordon, Ga., I give the following:

R. Tartar Emetic..... 1 scruple.
Prep'd burnt Hartshorn. 5 scruples.
Oxide of Antimony..... 5 scruples.
M. Divide into twenty-one powders.

S. B. POTTER, M. D.

Fredericktown, Ohio.

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[For the Brief.]

Metrical System.

EDITOR MEDICAL BRIEF:—You must excuse me for troubling you about my last article on metrical system, but it is really very hard to find good names for the new weights and measures. I would request you to make the following changes:

1 particle.....1 milligram.
1 grainule (groat).....1 centigram.
1 grain.....1 decigram.
1 bean or gram (the oriental jewellers weighed with beans)....1 gram.
1 cannel.....1-100 liter.

I think the medical profession would wish to retain the word grain, as this measure comes most in play, and the word has become very familiar. There are wheat grains weighing as much as a centigram, or another cereal could be made the base. Retaining it, very likely another word will be desired for the gram, which, doubtless, is also derived from granum. P. RUSTEMEYER, M. D.
Hamburg, Ill.

[For the Brief.]

Is Malaria a Myth? Yes and No.

EDITOR MEDICAL BRIEF:—Malarial typhoid exists in all our large cities, particularly in the houses of the rich, where there are water-closets in the dwellings through which the sewer gasses come to the surface, even if the water stands several feet high between the room and the sewers. Is that not correct? Is not malaria foul air? But malaria in bottom lands is not generally from such air unless there are ponds and pools that are filled with manure of animals, particularly hogs; and in several places I have noticed in country towns a great deal of filth in the privies which are never cleaned out, and what make it worse, wells near enough so that the contents seep through the ground into the wells, and mix with the drinking water; will that not make typhoid or malarial fever more than lakes and sloughs? Poor drinking water—wells boxed out with rotten wood, can not make healthy water. I have seen wells in the bottom lands, where there was a brown vegetable scum on the surface of the drinking water. Also, many people seldom bathe or wash their bodies, so as to give them a chance to perspire. Many of them live on fat bacon, half-baked hot biscuits, tobacco, bad whisky, black coffee, and no vegetables of any kind. Is it to be wondered that so many persons get sick with fevers of different kinds, the most of them brought on by the way they live? Nearly all sicknesses have their origin in the digestive organs, and through the same the blood is made impure and poisonous. Are not baths of different kinds, with proper diet, the safest and best healing methods.

G. H. TIMMERMAN, M. D.
St. Louis.

[For the Brief.]

Remedy for Colic.

EDITOR MEDICAL BRIEF:—Dr. Towns, of Wisconsin, in February number of BRIEF, wishes a remedy for colic. He does not state any particular kind of colic, and consequently would advise arom. spts. ammonia, in twenty to thirty drop doses, as often as needed, in sweetened hot water. Have the water as hot as the patient can take it, and sweetened to the taste. If successful, report in the BRIEF. F. W. PUTNAM, M. D.
Binghamton, N. Y.

[For the Brief.]

Croup.

EDITOR MEDICAL BRIEF:—Will Dr. J. H. McCarty give symptoms and treatment for the different kinds of croup? Also give some of his experience in treating the disease. I have treated several cases recently, and was very unsuccessful. J. M. GLASS, M. D.
Dudleyville, Ala.

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[For the Brief.]

Maternal Impressions.

EDITOR MEDICAL BRIEF:—The BRIEF, for some time, has contained noticeable articles on the subject of maternal impressions, and I thought that with learned doctors the fact of sudden or unexpected impressions made upon the enceinte woman would be stereotyped on the child in utero was no longer an open question. Countless evidences show, and may be proven by anatomical and physio-pathological deductions, that maternal influences do control unborn offspring in divers instances. We have a record showing that this principle was somewhat understood and approached about four thousand years ago, by a worthy Jew named Jacob, but not in every case do we find cause and effect so happily illustrated. Still, the facetious doctor's "tub of guts" might be as signally potent, though in a different direction, as the shrewd Jewish gentleman's barber-poles.

Mrs. A., forty-three years of age, healthy, of robust family, mother of five sound and intellectual children. About the tenth of last June, she met a fright from a drunken desperado firing a pistol with a madman's recklessness. Riding to her door, he demanded her husband, saying he had come to shoot him down. She had clung to his bridle to detain pursuit until he threatened to shoot her. Her terror was greatly added to when he left in the direction Mr. A. had gone, because her fears pictured her husband as a bleeding corpse, shot through the head. November 16th, I was called to Mrs. A. Labor had begun; she passed off four gallons of liquor amnii. Twenty-seven hours after she was delivered of a fœtus—dead from six to eight days—of about eight months gestation. From the shoulders down it was well formed; head set close to the shoulders, without a neck; development of superior and inferior maxillary nearly normal; facial bones partially developed; os frontis, parietal, temporal, and occipital bones not developed, consequently the head was flat and soft; eyes nearly on top of the head. Across the head, from ear to ear, in the course of the sagittal suture, a substance had grown two and a half inches above the level of head, in appearance and touch like that of liver; from either point of this growth to the base of the cervical vertebræ, in shape of a V, was a raw surface where the skin failed to unite. The divisions of the parietes were well marked and abrupt, as if cut with a knife. Smallness of the head denoted lack of growth from date of the mother's fright.

Gainesville, Ga. A. J. SHAFFER, M. D.

[For the Brief.]

Arsenical Poisoning.

EDITOR MEDICAL BRIEF:—A case of arsenical poisoning came under my observation a short time since. A gentleman presented himself at my office and informed me that through mistake he had taken a teaspoonful of Fowler's solution of arsenic; immediately after, he took salt and mustard in tepid water, in large quantities, but without effect. He then called on a physician, who gave him a full dose syr. ipecac., followed by a dose tartar emetic, but all to no purpose. He complained of severe cutting pain in epigastric region, dimness of vision, tingling in ends of fingers, numbness all over, and as he expressed it, as if his life was going out as a candle if he sat down, so he was continually walking and beating himself with his hands; glassy appearance of the eyes; haggard expression of countenance; pulse almost imperceptible. As two hours had already elapsed, I decided that something must be done quickly, so I gave a full dose of Turpeth's mineral and received immediate returns; a complete evacua-

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tion of contents of stomach. Ten minutes later I gave full dose sulph. mag., and in five minutes he vomited about two ounces of an albuminoid substance, and then complained of great exhaustion. I stimulated him freely with lager beer, and he rode home in two hours after a distance of seven miles, and had no further trouble. Did the amount of poison taken neutralize the secretions of the stomach and thereby prevent the emetics taken prior to Turpeth's mineral from having any effect? He informed me he took four tablespoonfuls of salt and mustard; and the other physician gave a big dose of ipecac and tartar emetic, and made no impression.

S. W. HOPKINS, M. D.
Bowers Mills, Mo.

[For the Brief.]

A Case of Rotheln.

EDITOR MEDICAL BRIEF:—I have recently (December 10, 1881) had a case of German measles, or rotheln, and as a report of it may interest some of your readers, I forward it to you for publication. Rotheln, as your readers are aware, is a rare disease. It is, in fact, an aggravated and severe form of scarlatina, although classed as measles. The disease has a regular period of incubation, varying from three to seven days, and is characterized by symptoms of both measles and scarlatina. December 10, 1881, Mrs. Wallerins, of this city, called me to attend her infant son, aged two years and six months. Upon examination I found child with high fever, strawberry tongue, and scarlet rash on right side of the face. Upon the abdomen were several eruptions somewhat resembling flea bites, while the presence of bronchial rales was manifest upon auscultation. The bronchitis was very marked in character upon both sides, and there was catarrh and headache, nervousness and sleeplessness. The rash upon the face seemed to be flat, and was of a red color, and might have been mistaken easily. The strawberry-tongue, however, set at rest all doubts. Dr. Smith, an expert in diseases of children, was called in consultation, and pronounced the disease scarlatina, while Dr. Smith, his son, seemed to think it a case of true measles, or rubeola niger. Such being the difference, we concluded to treat the case for both diseases, and used:

R. Ext. Glycyrrh.....2 ounces.
Potass. Chlor.....1 drachm.
Muriate Ammoniæ ....1 drachm.
Aquæ Camphor.....1 ounce.
M. Sig.: A teaspoonful every two hours.
R. Pulv. Doverii.....½ scruple.
Fiat in chart 4. One powder at night.

The treatment was varied as the indications demanded, but after every human effort, and frequent consultations, the case died in convulsions four days after. The passages were offensive and frequent, sometimes seven and eight a day. I should like the opinions of physicians on this case, and invite criticism through the BRIEF. PHYSICIAN.
N. Y.

[For the Brief.]

Vehicle for Salicylic Acid—Secondary Syphilis.

EDITOR MEDICAL BRIEF:—In answer to Joseph F. Hickman, M. D., in February BRIEF, page 106, would say: A good vehicle to use in giving salicylic acid, when not contra-indicated, is spiritus ætheris nitrici; it makes a clear solution.

In answer to Dr. Farleigh, February BRIEF, page 107, I think the child had secondary syphilis, nearly all the symptoms indicate it; children are always hoarse, and have the snuffles with that disease. Treatment, mercury; but it is hard to save them. Perhaps it is best not to do so, as it would degenerate the species. H. CHAFFEE, M. D.
Tolono, Ill.

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[For the Brief.]

Chronic Gleety Inflammation—Itching Piles.

EDITOR MEDICAL BRIEF:—In last issue (February), page 87, "M.D." inquires for diagnosis and treatment of the case he speaks of. The gleety inflammation is kept up, very likely, by one or two strictures in the membranous or penal portion of the urethra, and sometimes to chronic inflammation of the prostate. The treatment will best consist of can. turpentine, in ten grain doses, three times a day, or ergot in combination with iodide of potassium; dilatation of the canal by the passage of Leonard's utero metric sound, gradually introducing largest point, done twice a day for a long time. Make local application directly to the gland, by pushing bougies with the sound. First use one grain liq. iod. co., then two grains hydrastis can. or iodoform and one-half grain ext. belladonna, and, finally, two grains tannic acid. If convenient, apply once a week, for two months, a gentle faradic current to the prostatic urethra, by means of a urethral electrode. Attention to hygiene is important, as sea air, bathing, and exercise. Keep bowels opened with cascara cordial. Please report.

In the February BRIEF, page 99, Drs. Taft Bros. call for treatment for itching piles. Try remedies containing tar.

A. A. GILMORE, M. D.

Modesta, Cal.

[For the Brief.]

Pins in the Stomach.

EDITOR MEDICAL BRIEF:—I was called to see the little daughter of Mr. G. W., of Louisa County, Virginia, who had swallowed thirteen "Pound" pins, which made a lodgment about half way down the æsophagus, producing the most intolerable pain, and, as may be imagined, I was greatly at a loss to know what had best be done. Having no probe at hand, I determined to attempt their dislodgment by giving the child a piece of tough beef, secured by a silk cord, with directions to swallow, as little masticated as possible, thinking the pins would be dislodged by either its descent to the stomach or its retraction by the cord. Upon drawing up the beef, I found the pins had been forced into the stomach. This state of things, however, left me almost as much "at sea" as at first. I ordered the diet to consist of corn meal mush and milk, hoping thereby to create a nidus for the pins and a protection to the coats of the stomach, and concluded quietly to await further developments. Within twenty-four hours vomiting took place, and two of the pins were thrown up points foremost; within a few hours thereafter five were thrown up points foremost, and at short intervals afterwards the other five came up the same way, one or two at a time. The pins were nearly three inches long. The child rapidly recovered, and is now a healthy woman, and the mother of several children.

GEORGE FLEMING, M. D.

Mableton P. O., Va.

[For the Brief.]

Quinine is not an Oxytocic.

EDITOR MEDICAL BRIEF:—Dr. Jones wants to know of the most experienced physicians of the United States if quinine is an oxytocic. I can not say that I am the oldest physician, nor the most experienced, but I can say that quinine is not an oxytocic. I have been practicing in a very malarious district for six years, and I give quinine pro re nata in all stages of pregnancy, and have never seen any deleterious effect from it. If Doctor Jones wants an efficient oxytocic, let him use ustil. madias, in fifteen or twenty drop doses.

W. J. WILKIN, M. D.

Pottersville, Tex.

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[For the Brief.]

Hay Fever—Specifics—Incontinence of Urine.

EDITOR MEDICAL BRIEF:—I am sorry that Dr. Thomas R. Thornton's inquiry in regard to hay fever was so ignored by the brethren of Minnesota. I can assure the doctor that in this (Freeborn) county hay fever is a disease very seldom, if ever, seen — is practically unknown. During a two years' practice in the western part of this State, I did not meet a single case.

I see in the March number of the BRIEF that Dr. J. F. Goldman, of Huntsville, Ala., dares to come to the front with the often pooh-poohed question of specifics. Indeed, sir, this is becoming a popular belief, and one that I am much interested in. But, I am aware that with our present "nosology," there is just cause for incredulity upon the subject. Dr. G. wonders if the future will not reveal a remedy for every disease. I think not. But that the future will reveal a remedy for every pathological condition, I am confident. When we cease to level our materia medica battery at names, pouring into our victim prescriptions rivaling Nelson's formula for currie powder, and recognize that there are pathological conditions that are ever the same, yesterday, to-morrow, and forever, and that these conditions can be successfully treated by the same remedies wherever found, we will have a rational practice, a specific diagnosis, a specific medication. The latter necessitates the former. Let us have the real therapeutic action of a drug from actual experience, rather than the drug effect from books. I believe it to be impossible for the therapeutist to lay down the dose of any remedy that would be a safe criterion in all cases. Many times a remedy is discarded in the treatment of a case, when it might prove curative, if rightly employed. If fractional drop doses of tinct. belladon. will relieve capillary congestion better than full doses (and I have found it does), let us so employ it. Thus we get its true therapeutic value, its specific action, since the pathological condition is ever the same. Again, if one-drop doses of the same tincture will overcome obstinate constipation (and it has never yet failed me), here is a specific action of belladon. I am glad that Dr. Goldman has started the specific ball rolling, and would like to hear from some of the contributors to the BRIEF upon the subject of specific medication.

Will some one give me their treatment for incontinence of urine? My patient is a boy about nine years old; robust, eats hearty, feels well, but wets the bed nearly every night. Had been treated by two or three physicians before coming to me.

Will physicians please report their success in the use of eucalyptus as an anti-malarial remedy?

M. L. CUTLER, M. D.

Albert Lea, Minn.

[For the Brief.]

Hemorrhage.

EDITOR MEDICAL BRIEF:—If Dr. Williams will try the following, for hemorrhage from either the stomach or bowels, it will not disappoint him:

R. Acidi Gallici.....2 drachms.
Bismuth Subnit..... ½ ounce.
Tinct. Cinnamomi..... ½ ounce.
Ext. Ergotæ fl. (Squibb's) ½ ounce.
Syr. Aurantii.....2½ ounces.
Creasoti.....8 drops.

M. Sig.: Teaspoonful every two or three hours.

And for hemorrhage from the lungs, bladder, or womb, try:

R. Acidi Tannici.....1 drachm.
Acidi Sul. Aro..... ½ ounce.
Ext. Ergotæ fl. (Squibb's) ½ ounce.

M. Sig.: Thirty drops in a wineglassful of lemonade or water; repeat the dose in half hour, and hour; then give every two hours until checked.

WM. R. SMITH, SR., M. D.

Cairo, Ill.

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[For the Brief.]

Prostatitis, Urethritis and Cystitis.

EDITOR MED'CAL BRIEF:—About six years ago, from exposure to cold and damp, I was taken with frequent disposition to micturate, with burning sensation. In defiance of all treatment, which has been steady and various, it has continued to grow worse up to the present. I am now able to pass very little urine, except through the catheter, and that is attended with excruciating pain; from the spasm and excessive tenesmus attending each insertion, the neck of the bladder is as tender as the eye, bleeds frequently and freely from pricking the supergranulations, which I think form a fold acting as a valve, in that way preventing the passage of the urine; the urethra is inflamed and extremely sensitive. The prostate gland is enlarged, about four by three inches on the surface, by exploring the rectum. I can not ride on horse back at all; traveling in a buggy is attended with considerable pain; sensation as if a cuckle-bur, or a mulberry calculi in the region of the neck of the bladder. Some obstruction in shape of stricture at three points; can use a No. 9 catheter; use generally 6 to 8 catheter.

I am sixty-three years of age; good constitution; no hereditary taint of importance; never drank; have always been a temperate man in all things; have never had any private disease; enjoyed good health until taken with this disease; ordinary weight, 192 pounds. So much pain has interfered with micturition of late, and impaired the appetite, I have been reduced about twenty pounds. I thought, at one time, I was benefited by the iodide potass. and fluid extract ergot.

I get relief now only from a weak solution of burnt borax, injected, which checks the hemorrhage, and seems to shield the surfaces and give temporary relief. I have, in my desperation, been almost tempted to try Dr. Scott's heroic treatment as given in the BRIEF of November, 1879: Strong sol. nitrate of silver, 18 to 40 grains to the ounce, but have been deterred from the fact that irritating injections have frequently produced a bad form of orchitis with me. Nothing very uncommon in the character of the urine, more than large deposits of mucus. I have endeavored to keep up the alkalinity of the urine. If some correspondent of the BRIEF, who has had experience in this class of diseases, will give it, it will be thankfully received by a great sufferer.

JAMES BROCK, M. D.
Florence, Alabama.

[For the Brief.]

Turpentine and Carbolic Acid in Typhoid and Typho-Malarial.

EDITOR MEDICAL BRIEF:—Of fifty-four cases aggregated by me, occurring in my practice, beginning on the 10th of August, 1881, and closing the 15th of December, 1881, the results are given as follows: Of these 5 were between the ages of 6 and 10 years, 12 between 10 and 15, 26 between 15 and 25, 8 between 25 and 35, 2 between 40 and 50, and 1 58 years old. Twenty-four of these were treated with turpentine and 30 with carbolic acid, given in 1 to 3 drop doses, 3 or 4 times per diem, varied according to condition and age of patient; the turpentine in 5 to 10 drop doses, with same consideration. The 30 treated with carbolic acid recovered in the shortest time, 23 days; longest, 48 days. Of the 24 treated with turpentine, 22 recovered. Shortest time, 26 days; longest, 61 days. Two died, 1 in 18 days and 1 in 46 days. The supporting treatment was the same under both the turpentine and acid treatment, in medicine and diet.

J. F. PEACE, M. D.
Mount Energy, N. C.

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[For the Brief.]

Operation of Tieing the Common Carotid Artery.

BY DR. A. S. CAROTHERS, OF SAN ANTONIO, TEXAS.
Reported by Dr. W. P. Fleming, of Georgetown, Tex.

EDITOR MEDICAL BRIEF:—The history of the case is as follows: A negro, William Mankins, aged twenty-six, about five feet eight inches, robust and a healthy constitution, was shot November 9, 1881, the ball entering the superior maxillary bone, left of the nostril, passing through hard and soft palates, coming out one and a half inches below right ear, splintering the angle of superior maxillary bone, and lacerating the internal maxillary artery and its branches. About the 26th of December he began to have secondary hemorrhages from the wounds, which was followed by traumatic aneurism of the right side of face and neck. Dr. Carothers, of San Antonio, was called in consultation, when it was decided to perform the inferior operation of tieing the common carotid artery. The patient being placed upon the table and anæsthized, he was placed upon his back, with his chest a little raised, and a small cushion under the nape of the neck, so as to make it prominent in front, and the head thrown well back, with the face thrown to the opposite side from that on which the artery was to be tied. An incision was made from nearly opposite the angle of the jaw to a little below the level of the cricoid cartilage, along the inner border of the sterno-mastoideus muscle, which forms as a guide to the vessel, and which, of course, corresponds with a line drawn from the sternal extremity of the clavicle in the direction of the mastoid process. The skin, subcutaneous, cellular, and adipose tissue, the platysma myoides, and the layer of cellular tissues beneath being successively divided, the head was then turned a little, so as to relax the parts about the wound, and permit its edges to be drawn apart, any superficial veins being at the same time drawn aside. The deep fascia was pinched up with forceps, and cut in a cautious manner. The sheath was opened to the extent of half an inch towards its trachial side—that is, over the artery—drawing the jugular vein and pneumogastric nerve to one side. The artery being now sufficiently exposed, a curved aneurismal needle, armed with a ligature, was passed round it, from without inwards, so as to preserve the vein and nerve from injury, when the artery was then tied. The artery was ligated below where the omohyoideus muscle crosses it. Therefore I call this the inferior operation, which is the most dangerous, because of the proximity of the subclavian, which increases the difficulty of the formation of the internal coagulum in the origin of the carotid. On the ninth day after the operation the ligature came away. On the fourteenth swelling commenced again, with hemorrhage, which was controlled with persulph. of iron and plugging. On the 21st the patient died, with traumatic suppurative phlebitis. Two hours afterwards an autopsy was held, which showed considerable laceration of the parts where the ball had passed through; also an accumulation of decomposed coagula, with pieces of spicale, or detached bone, and a piece of the ball. Cutting down to where the artery had been tied, we found it in a healthy condition.

[For the Brief.]

Small-Pox.

EDITOR MEDICAL BRIEF:—Dr. John Casey asks, through the BRIEF, for the best remedy to prevent pitting in small-pox. I have treated between thirty and forty cases within the last three months, none of them pock marked; the remedies prevent, in a great measure, the in-

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tolerable itching during the eruptive stage of the disease, and prevent the secondary fever, hence a larger percentage get well. I put all my cases on the following treatment at first, and continue it until all the scabs fall off:

R. Sodæ Hyposulph..... 2 ounces.
Aquæ q. s.....
Syr. Simp. q. s. ft..... 8 ounces.
M. Sig.: One teaspoonful every three hours.

R. Bitartrate of Potassa... 2 ounces.
Aquæ..... 2 pints.
M. Sig.: One wineglassful two or three times a day.

R. Carbolic Acid..... 2 drachms.
Vaseline..... 8 ounces.
M. Sig.: For external use, three times a day; have patient well rubbed with ointment every day until the scabs fall off.

RUFUS W. PEACOCK, M. D.
Jersey City, N. J.

[For the Brief.]

Spermatorrhœa.

EDITOR MEDICAL BRIEF:—If "Subscriber" will adopt the following treatment in the case of spermatorrhœa, and continue it for six months, he will be pleased and his patient delighted with the result:

R. Avena Sativa.....4 ounces.
Sig.: Take fifteen drops in hot water, half an hour before meals and at bed time, increasing the dose one drop every third day, until it amounts to forty drops, then continue that dose until relieved.

For the constipation of the bowels:

R. Podophyllin..... 10 grains.
Aloin.....10 grains.
Ex. Hyoscyamus.....20 grains.
M. div. et ft. pills No. 40. Sig.: One at bed time every night.

The patient must take six drops tinct. nux vomica after meals, three times a day, increasing the dose one drop every week until the dose amounts to ten drops, and then continue that dose. For the piles, use the following:

R. Cerate Simp.....1 ounce.
Pow'd Nut Galls.....2 drachms.
Pow'd Opii.....2 scruples.
Iodine.....1 scruple.
Spts. Vin. Rect. q. s.
Spts. Turpentine.....2 drachms.
M. et ft. ung. Sig.: Use twice a day to the piles.

RUFUS W. PEACOCK, M. D.
Jersey City, N. J.

[For the Brief.]

Colic—Gonorrhœa.

EDITOR MEDICAL BRIEF:—For the benefit of Dr. Towns, of Fond du Lac, Wis., I send a prescription which will relieve his case of colic:

R. Leptando Vir.....1 ounce.
Senna.....1 ounce.
Seneca Snake Root....1 ounce.
Liverwort.....1 ounce.

Put the above in a small pitcher, and pour over it a pint of boiling water. After standing twelve hours, pour into a small sack. Wring out all the dregs you can, and add spirits enough to preserve it. A tablespoonful after each meal will be a preventive. Should his patient have an attack, a common wineglassful will cure. If his horse has an attack of colic, and he will give him a pint, if the animal dies, tell him to send his account to me.

In answer to Dr. H. R. Bell, of Monticello, Cal., in regard to gonorrhœa, let him use:

R. Hyd. Chlor. Cor..... 5 grains.
Balsam Copaiba..... 6 drachms.
Holland Gin.....15 ounces.

Throw the syringe away, and give a teaspoonful of the above three times a day, before meals, debarring his patient the use of grease or salt for a few days. Try it, and report results.

J. CARSON BICKHAM, M. D.
Zebulon, Ga.

[For the Brief.]

Jaundice.

EDITOR MEDICAL BRIEF:—Dr. Tyler asks for a remedy for jaundice:

R. Chianánthus.....2 ounces.
Liriodendron.....2 ounces.
Berberis Vulgaris.....2 ounces.
Pulverize and put into a gallon of good cider, and let it stand a few days. Sig.: A wineglassful three times a day, just before eating.

If the patient has a strong constitution, give first a good dose of physic. If you can not get the cider, then use the fluid extract. L. B. HAAG, M. D.
San Francisco, Cal.

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[For the Brief.]

A Novel Catheter.

EDITOR MEDICAL BRIEF:—I noticed an article in the "Gleaner" from Dr. Van Antwerp, of Vicksburg, headed, "A Novel Female Catheter," which reminds me of a little experience in the same direction. I was sent for in great haste some time in the year 1880, to see an old maiden lady, who was suffering terribly from retention of urine. Upon examination, I found that I had left my catheters at home. There was no time to be lost, as the bladder was distended almost to bursting. I asked for a quill but could not get one. It then occurred to me that I might succeed with a reed, such as are used for pipe stems. Fortunately, a bundle of them was at hand. I selected one as near the size of an ordinary female catheter as I could, and in a few minutes succeeded in making quite a respectable instrument, and, of course, relieved the patient, to the great joy of her friends. I see you report another case in the "Gleaner," from the *Canada Medical and Surgical Journal*, which was relieved with a tooth-pick. This is better than wire.

C. C. BROADDUS, M. D.
Bowling Green, Ky.

[For the Brief.]

Hour-Glass Contraction.

EDITOR MEDICAL BRIEF:—In noting the case of hour-glass contraction of Dr. McNell, in February BRIEF, I will state that I had a case, a short time since, in which the water broke twelve hours before birth. I have had 562 cases of child-birth, and find it uncommon where the waters drain off so long before the birth, and it is caused by the womb being in a paralyzed state. I have not lost a single case in obstetrics in all my practice, and I don't think any woman should be allowed to die at child-birth.

W. L. RICHBOURG, M. D.
Dwight, Ill.

[For the Brief.]

Old Sore Legs—Black Paste.

EDITOR MEDICAL BRIEF:—It would seem that this subject has been fairly exhausted in previous issues of the BRIEF. I have a remedy to add to the list, hoping that it may prove a blessing to some poor sufferer. It has quickly and permanently cured some of the worst forms of old ulcers, that had resisted all other treatment for ten years. I am not aware that it has ever been published; if it has, its reproduction here may be of some use: Take any suitable vessel holding a pint or quart, and half fill it with unslaked lime; then add enough water to fill the vessel. Let it stand three or four days, and pour off the clear liquid for use. Next take an empty quinine bottle, into which put one or two ounces of calomel, and add enough of the lime water to form a paste about the consistency of syrup or strained honey. Having cleansed the ulcer, take a camel's hair pencil, or a feather, and paint the sore several times with this paste, until it is thoroughly coated and dry. Keep it thus painted from day to day until well. Don't be afraid of it hurting. It positively does not produce any pain whatever. Keep your patient as quiet as possible. Away with all bandages, and let the circulation take care of itself.

B. FRANK HUMPHREYS, M. D.
Hawkins, Tex.

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[For the Brief.]

Sundry Cases.

EDITOR MEDICAL BRIEF: — Lately, I attended a female, white, thirty-eight years of age, in her thirteenth confinement. The labor was a hard one, with a breech presentation of the first child, weighing nine pounds, and the second eight pounds. As the intense headache foreshadowed, puerperal convulsions came on, but which yielded to phlebotomy and hydrate of chloral, by enema, forty grains for the first, thirty for the second, and twenty grains for several times afterwards. After eight convulsions the case has progressed satisfactorily. This female gave birth to a dead female child, at her twelfth confinement, and now has eleven living children — all males.

A distinguished professor in the Richmond Medical College, informed me that his grandmother gave birth to twenty-six children, commencing at fifteen years of age and terminating at fifty-two years.

Several years since I attended a female, who gave birth to three children at one birth, weighing seven pounds each. At seven months of age they were all taken with bowel disease, and but for obstinate feeding on sour milk, all would have survived, but only one did so.

The same year was called to a negro in her fourteenth pregnancy, in her twenty-sixth year of age. Had given birth to twenty-six children, none over four months from conception, three at a time, three times; two at a time, six times; and one at a time, five times. The woman would never stop running about at nights and lying down during the daytime, and never called in a doctor but once.

In Ventura, near Saltello, Mexico, a woman recently gave birth at one time to five children, but all died soon after birth.

C. K. CULLEN, M. D.

Hanover Co., Va.

[For the Brief.]

Maternal Impressions.

EDITOR MEDICAL BRIEF:—While I have read the notes in the BRIEF, on maternal impressions with pleasure I don't wish to take any part myself, but I want to give your readers the history of a case that I had this morning, Mr. T. came for me to wait on his wife in confinement. We were there in due time and in about one hour after our arrival she was delivered of her sixth child (a girl), it was a fine large babe, but was minus of the left hand and part of the arm, the left arm was well developed down to just below the elbow; the stump showed no scar, over each bone on the end of the stump was an inverted dent, on the underside of the stump there were five fingers about one fourth of an inch long and very small, on the ends there were impressions of nails. Before I made it known to the mother I asked her if she had been frightened while carrying the babe, she said she had not and had carried it with more ease than any of her children.

R. R. RUFF, M. D.

Pitman, Ark.

[For the Brief.]

Inflammation of the Parotid Gland.

EDITOR MEDICAL BRIEF:—If Dr. A. E. Fant or Dr. J. F. Gibbon, of San Francisco, Cal., will try the following in their cases of inflammation of the parotid gland, they will probably not be disappointed:

℞ Hydrg. Biniod.....1 grain.
Sacch.....2 drachms.
M. Div. in ch, C. Sig.: Drop one powder on the tongue dry every two hours.

This dose is intended for an adult, and will probably cure in ten days. Try it. It may appear like a homœpathic dose, but never mind that, it won't kill.

M. S. MCMAHAN, M. D.

Oakland, Cal.

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Dr. Hodgen.

"We make the following extract from the *Spectator*, published in this city:

A few months ago when the hearts of the whole nation, and I may say of the whole civilized world, were mourning the death of President Garfield, there rose up a natural but disagreeable discussion as to the merits of the medical and surgical treatment that had been given the illustrious patient during his long, weary weeks and months of suffering. The *North American Review*, with its usual foresight and enterprise, met the popular demand for a discussion and determination of this question by publishing a "symposium," in which Dr. Wm. A. Hammond, of New York, and Dr. John T. Hodgen, of St. Louis, were two of the invited participants. Dr. Hodgen took the ground that the President's wound was necessarily fatal, and that his life was prolonged by the treatment he received, and that the treatment was of the proper kind. Dr. Hammond took a different view, and urged that the President might have been saved; but I believe it will hardly be denied that the conviction that has generally settled upon the medical profession and the people at large, is the one sought to be enforced by Dr. Hodgen. It was not only a compliment to Dr. Hodgen that he was selected as one of the surgeons to participate in this "symposium," but it was a further and greater compliment to him that he took a conservative and sound view of the case submitted to him. And in this is seen a leading characteristic of the man, the one, in fact, that is the key-note to his character and success. While he is a man of strong convictions and determined purpose, he is modest and conservative, undemonstrative, shrinking from anything like cheap notoriety or public display, devoted solely to his profession, in which he finds his greatest pleasure. If it were not, in the nature of things, necessary, the world would never hear of him, for he would be content to spend his life in seclusion were he permitted to follow the bent of his mind and the desire of his heart. It is even embarrasing to the proper-minded man who sets himself to the task of writing of Dr. Hodgen, so sensitive in his nature to any appearance of ostentatiousness. But to a certain extent the life and character of every celebrated man are the property of the public, and about them there is always a curiosity which is not in itself an improper thing. Dr. Hodgen has justly earned the position of one of the leading surgeons of America. In 1880 he was elected President of the American Medical Association. He has long been a practitioner here, having commenced his professional career in 1848. He was born in Kentucky, and is now about fifty-four years old.

[For the Brief.]

Dog Bite—Malarial Fever.

EDITOR MEDICAL BRIEF:—In reply to Dr. J. G. Culier's cases: First, in the case of the dog bite, followed by a cluster of vesicles, I suggest the opinion that the case is one of herpes phlyctænodes. The exciting cause was due to the irritation of the bite. The constitutional cause probably is due to a syphilitic taint in the blood. Dr. Culler did well when he treated the eruption with sarsaparilla, iodide of potash, and syrup iodide of iron. As the dog was not rabid, the treatment for the bite was not important. To have applied carbolic acid to the wound would probably have produced better results.

The malarial fever case might have been complicated with fatty degeneration of the heart, and sudden rupture of its walls, causing death without a struggle. The doctor could have better solved this case by a post mortem.

Odessa, N. Y. G. O. SMITH, M. D.

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Extract from Valedictory Address, of Dr. R. M. King.

COMMENCEMENT ST. LOUIS COLLEGE PHYSICIANS AND SURGEONS.

During the months of February and March, the medical schools of this city will graduate about 300 pupils. You will be startled, ladies and gentlemen, when I tell you that fully ninty per cent of that number are very partially and deficiently educated in all branches outside of medicine. Embarking in a profession which demands of its votaries a wide and catholic culture, in order to offset bigotry, and to prevent a blind and selfish devotion to the standards and traditions of the past, these young men will be in imminent danger of sinking the breadth and comprehensiveness of the free physician into the routine, narrowness and sectarian improgressiveness of the "hardshell pathist." The true physician can not be confined to the narrow walls of medical sectism. He allows no man or set of men to brand him as the blind slave to class prejudice or party usage. You are not, young gentlemen, to go forth from these walls as allopaths, homeopaths, hydropaths, physiopaths, electropaths, eclectics; slaves to no sect, you take no private road,

> "But bursting the shackles of creed,
> You welcome truth, wherever to be found,
> On 'regular' or 'irregular' ground."

If one should ask you individually, "to what school of medicine, doctor, do you belong?" answer, sir, it is my pride and pleasure to announce myself as simply a physician—one who is willing to learn even from an enemy: "Fas est ab hostibus doceri"; who refuses not the grains of truth to be found among the chaff of ephemeral systems; who is anxious to appreciate the germ of saving truth or wise suggestion in every school that rises and glistens on the flood of time. The true physician is both conservative and progressive. While tenaciously retentive of that which time and usage have approved as excellent, he patiently and narrowly scrutinizes, not with baleful, but hopeful vision, whatever claims, with fair semblance of reason, to add to his power, influence, and authority as a practitioner of the healing art.

He studies "allopathy," if there be such a system, not to become an allopath, but to extend its beneficent principle and absorb its power. He examines the claims of homœopathy, hydropathy, and every other system in the same way, with the controlling desire to make everything contributory to the grand purpose of relieving the sufferings and healing the physical maladies of his fellow mortals. Yea, even the prescription of some old woman, who may accidentally have stumbled upon a remedy, is not beneath his notice, if, on examination, the principle is reasonable, the test thorough, and the result satisfactory? He who creeps into the shell of a "pathy" and drops the portcullis, has forever cut himself off from the possibility of progress, except in the narrow line of still further emphasizing the principle to which his sectarian organization owes its existence. No truth can be lost, and no lie can finally triumph.

There is a power in the universe that makes, for righteousness in medium as in theology, morals or spirituality. In fact all truth is one, for God is truth. Let it be your honest effort, then, young gentlemen, to know the truth, and "the truth shall make you free." Let no "Pent up Utica confine your powers! The whole, the boundless universe is yours." Do your own thinking, and let no man nor set of men fetter your intellectual energies, debar you from any path of investigation or hamstring your reason. Bring o the cold and patient test of experience and experiment all specious theories, and let not the

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glamour of great names or the seductions of honeyed style and impressive rhetoric induce you to adopt and approve before subjecting to the crucial test of your own personal inquisition, discussion and elaboration. Truth avoids the grated cell of bigotry and avoids the slippery and uncertain road over which the pompous radical struts in all the glory of his emancipation from the teachings of the Fathers and of his compatriots, and in the over-assuming conceit of his broad-guage vanity. Truth takes the middle course; she looks with deference, respect, and tenderness into the past; she is heir of all the ages and therefore "foremost on the files of time;" she looks upon the present with appreciative and assimilative eyes, and Into the future with calm and rational, though meekly joyous, expectancy. My statement as to the lack of scholastic training and literary culture in the graduates of this city, will apply to every medical centre in the United States.

Can this statement be made of the graduates in theology, law, or any other of the learned professions? Does the practice of medicine require less brain-power and a lower degree of culture than these, or admit of beneficent and successful application upon the basis of an imperfect education, while these demand elegant and exhaustive preparatory training of every faculty of the intellect? is Voltaire's sneer "that the science of medicine consists in doctors introducing drugs of which they know little into bodies of which they know less," to be received as the concensus of the ages? The system that turns out so many men as M. D.'s who are incapable of writing an ordinary letter without gross infractions of grammar and spelling book—who can not, in many instances, make simple calculations in arithmetic without laborious lateral protrusions of the tongue, after the manner of a child painfully writing his first copy, and who recklessly violate all authorized restrictions and limitations, must be fundamentally wrong, and, if wrong, can we who have hoisted the standard of medical reform, and who most earnestly desire to elevate the profession in public esteem, can we, I say, foster and perpetuate it by our silence or connivance? Can we wait with patience the slow coming but inevitable verdict of popular approval, or shall we be driven from our lofty position by the mad scramble of competitors, who, in efforts to gain patronage and power, lower the standards of admission and graduation, and perhaps dock the attendance of time? Can we, with sublime fidelity to principle, and in utter contempt of these emoluments, which are indeed base, when gained as the price of prostituting the healing art and making merchandise of the gospel of physical salvation; can we, I repeat, wait until slow-going Truth shall brush the mists aside, and this institution stand revealed as one of the prime means in America of this most desirable reform? The time will come—nay, has, in a measure, already come—when our diplomas will indicate unusual thoroughness and preparedness, and to that extent will smooth the young practitioner's way into public confidence and paying practice. Error, my friends, is ever blind to its own interests; with greedy glow, and itching fingers, it sees and grasps the present, often killing the goose that would lay the golden egg. Are not the colleges blind to their own interests? Could they act with concert of action and raise the standard of medical education in St. Louis, to a high and enviable position, what would be the consequence? For a short time their patronage would be less, for a year or two they might suffer pecuniary loss, but just so soon as known generally that a diploma obtained in St. Louis meant something, just as a univer-

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sity titular endorsement or parchment means more than the same degree conferred by an obscure cross-roads institution, why, to our city the students would come flocking and we would become, within a few years, the medical center of the western hemisphere.

St. Louis, Feb. 25, 1882.

[For the Brief.]

Cold Hands—Constipation—Catarrh.

EDITOR MEDICAL BRIEF:—Dr. E. C. Linn asks for diagnosis and treatment in a case of extremely cold hands. According to Dr. Halsey Wood's theory this trouble would be due to exhaustion of the ganglionic nerve-force, and loss of nerve-power. I would advise the Doctor to try bromide ammonium one ounce, water four ounces, and give a teaspoonful of this solution, diluted with three tablespoonfuls of water, three or four times daily.

I have used cascara sagrada ever since it came in use, and found it to be one of the best remedies in habitual constipation, given in small doses, combined with aromatic syrup of rhubarb: one part fl. ex. cascara sagrada to two parts of aromatic syrup of rhubarb; a teaspoonful four times a day, diminishing the dose gradually.

In anwer to Dr. S. S. Simpson, for treatment of post nasal catarrh, I would say, I have treated two cases sucessfully lately, by syringing the parts twice daily with listerine one part, water two parts, then anointing the nostrils with an ointment of vaseline one ounce, iodoform twenty grains, applying the ointment three times daily with a camel's hair pencil, as bougies of absorbent cotton saturated with this ointment could not well be borne. Found no remedy that would give as prompt relief in acute catarrh as listerine.

A. CRULL, M. D.

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[For the Brief.]

Spermatorrhœa.

EDITOR MEDICAL BRIEF:—I have a case of spermatorrhœa, which has proven rebellious to all kinds of treatment. One of its most troublesome symptoms is muscæ volitantes. The patient would be resigned to the main disease if he could only be relieved of these muscæ. Will some of the contributors suggest a remedy? D. THOMAS, M. D.

San Francisco, Cal.

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[For the Brief.]

The Physiological Reason Why We Have Two Eyes and Two Ears.

BY A. D. WILLIAMS, M. D.,
Prof. of Ophthalmology and Otology in St. Louis College of Physicians and Surgeons.

EDITOR MEDICAL BRIEF:—The physiological explanation why we have two eyes and two ears, though apparently difficult, can easily be given. While I do not claim that the explanation I give to the fact that we have dual organs of vision and hearing, I hold that it is a satisfactory physiological reason why each of these special senses should have two independent organs.

1. Two eyes are absolutely necessary to enable us to accurately judge of distance; to tell, for instance, how far an object is from us. It is a well established fact, that when a person has lost one eye, particularly if the eye has been suddenly lost, he can not determine accurately how far an object is from him. If such a person wishes to pick up a small object from the floor, as a pin, for instance, his hand is very apt to miss it by over-reaching or falling short of the object. The reason he does this, is because he does not know exactly how far the object is away from him. Such a person rarely ever misses an object to the right or left. The mistake is always in determining the distance. Put such a person in a strange place, and let him walk on an uneven pavement. He will fall off the down steps and stumble against the up steps. As he can not properly judge of distance, he can not tell where the steps down or steps up are. He will learn after a while to partly correct the mistake, but never completely.

2. We must have two ears to enable us to accurately judge of the direction of sound. A man who has lost entirely one ear, can not tell which direction the sound comes from. This is impossible with only one ear. Experience does not enable such a person to even partly correct the mistake, as in the case of vision. This fact was forcibly brought to my attention a few days since, by a case I examined. A gentleman in Tennessee lost one ear by the discharge of a pistol near the organ. This man was fond of squirrel hunting. He always took his dog with him, which would run through the woods, tree the squirrel, and bark to attract the man's attention. After he had lost one ear, he found, to his surprise, that he could easily hear the dog bark, but could not tell which direction the sound came from, consequently he could not find the dog. Since the loss of the ear he has to take one of his children with him to find the dog for him. This sounds like fiction, but it is nevertheless true. Another case in point: The past summer I saw a man from Texas, who had a herd of cattle running at large in the woods about his house. On one of the herd he had a large bell. He wished, one day, to find the cattle; he could hear the bell distinctly, but could not tell the direction of the sound. It took him half a day to find his cattle, though he could hear the bell all the time. This man had lost one ear, and consequently could not determine the direction of the sound.

It is necessary, therefore, for us to have two eyes to enable us to judge of distance, while two ears are necessary to enable us to judge of the direction of sound. How strange are physiological facts!

St. Louis.

[For the Brief.]

Mistletoe.

EDITOR MEDICAL BRIEF:—Will some of your many able contributors give us, through the BRIEF, their knowledge of the medicinal properties of the mistletoe? I have been told by a brother physician that he used a decoction made

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from the leaves of the mistletoe for re tained placenta. That the cord had been torn off by an old granny, and that in a few minutes he found the placenta in the vagina. Gentlemen, if it has such properties, and any of you know it, let us hear from you, and please give best way of using it, with proper dose, etc.

Scarboro, Ga. E. W. LANE, M. D.

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Respectfully, J. F. GIBBON, M. D.

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Book Notices.

ILLUSTRATIONS OF DISSECTIONS, in a series of original colored plates the size of life. By George Viner Ellis, Professor of Anatomy, University College, London. The drawings from nature, by G. H. Ford. Vol. 2. New York: Wm. Wood & Co., 27 Great Jones St.

The second volume of "Illustrations of Dissections" equals, if it does not surpass, the first. In this volume there are twenty-four additional "original colored plates," representing many practical points in the study of anatomy to the every day busy practitioner. The viscera of the pelvis, femoral hernia, hip-joint and thigh, the buttock, popliteal space, the calf, the back and front of the leg, sole of the foot, and nerves of the front of the leg, are beautifully and magnificently shown, thereby enabling the veriest tyro in medicine and anatomy to gain a fair idea of the different structures comprising these parts. The paper and binding of these volumes are rather poor, but we presume as fair as could be given for the very cheap price of the work. Let the good work in this field go on, and let physicians encourage it by word and money.

PLAIN FACTS FOR OLD AND YOUNG. By J. H. Kellogg, M. D., member American Public Health Association, American Society for the Advancement of Science, American Society of Microscopy, member Michigan State Board of Health, Medical Superintendent of the Battle Creek Association, author of numerous works on health, etc. Burlington, Iowa: Segner & Condit.

The above work has for its object the circulation of important information on subjects of vital consequence to the human family. Vice and immorality have a widespread prevalence among all classes, and especially is this true with reference to physical and mental unchastity. "Thou shalt not commit adultery," "Whosoever looketh on a woman to lust after her, hath committed adultery with her already in his heart," are scriptural quotations that should go sounding down the ages, to teach us all that chastity requires purity of thought, as well as outward acts. There are some wholesome, sound, and practical ideas set forth in this book, from a physical, moral,

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and spiritual standpoint, that should be carefully considered and weighed by both young and old. All around us are noble lives being wrecked, and debauched, children physically and spiritually deformed, and infants sent into the world before time, "scarce half made up," because the reprehensibleness and enormity of sins referred to in this work are not fearlessly, concisely, and candidly placed before the people. Many facts in anatomy and physiology, as well as in relation to the laws of hygiene, of practical value and interest to inquiring minds, who are anxious and willing to conform their conduct to the measure and practice of a pure and chaste life, are forcibly stated. The book has some defects, but in the main contains so many truths, plainly stated, that far outweigh its imperfections, and that should be burnt into the recognition of all classes in society, that we cheerfully commend it.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. A systematic treatise on the theory and practice of surgery. By authors of various nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery Univ. of Penn. In six vols.; vol. 1 to hand. New York: Wm. Wood & Co.

The science and practice of surgery have made rapid advance during the last two or three decades. It comes nearer to the domain of a definite and fixed science than any other branch of medicine. The educated, practical, and wise surgeon can usually see at a glance the cause of trouble, and either by a wise conservatism, rationally adopted, or a more radical course, proceed at once to remove it, while the practitioner of medicine usually has to grope in the dark for an indefinite period, and then fail to reach the coveted goal of his hopes—the successful cure of his patient. The "International Encyclopedia" is intended to be a systematic treatise upon all subjects embraced in the science and art of surgery. Each subject discussed is to be entrusted to educated and experienced practitioners and writers of various nationalities, who have been specially chosen as eminently qualified to give authoritative instruction upon the several topics contained therein. The work will comprise six handsomely bound volumes, and is edited by Prof. John Ashhurst, Jr., M. D. Dr. Ashhurst has a national reputation, as well as the school, or college, with which he stands identified in the capacity of Professor of Clinical Surgery, and by reason of his education, experience, and qualification for the task, will make the work equal to the demands of the profession. The first volume will discuss such topics as inflammation, erysipelas, and pyæmia; hydrophobia and glanders; scrofula and tubercles; rachitis and scurvy; well written articles upon the "Reciprocal effects of constitutional conditions and injuries, upon the general principles of surgical diagnosis, upon surgery in general," and upon all kindred topics, anæsthetics included, etc., etc. This work, emanating from the distinguished source that it does, can not fail to be of interest to the physicians, and a valuable addition to the literature of surgery.

FROZEN SECTIONS OF A CHILD. By Thomas Dwight, M. D., Instructor in Topographical Anatomy and Histology in Harvard University, Fellow of the American Academy of Arts and Sciences, and Surgeon at the Carney Hospital. New York: Wm. Wood & Co.

The above little volume contains "fifteen drawings from nature," made to illustrate the lectures of Dr. Dwight, at the Harvard Medical School, during the winter of 1880-81. "The subject was the body of a little girl, said to be three years old." Dr. D. claims that the anatomy of this age has received little attention, and that these frozen sections can be of infinite value in illustrating this important subject, and playing an important part in future anatomical teaching. Inferences can be drawn and many new points in anatomy gained, not found in textbooks, by a careful perusal of this book. The plates are neatly executed, the subject matter tersely and ably presented, and the book, as a whole, is of incomparable value to the student of anatomy.

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THE SYMPATHETIC DISEASES OF THE EYE. By Ludwig Mauthner, M. D., Royal Professor in the University of Vienna. Translated from the German by Warren Webster, M. D., Surgeon U. S. Army, and James A. Spalding, M. D., member of the Ophthalmological Society, Ophthalmic Surgeon to the Main General Hospital. New York: Wm. Wood & Co.

This little monograph by Ludwig Mauthner, of Vienna, a well known and able specialist, is pleasingly written, and contains many features to commend it to professional favor. The object, says the author, is twofold: "One, to compile, for the ophthalmic surgeon, the widely diverse opinions on the subjects under discussion; the other, to enable the general practitioner and the student in ophthalmology to gain an insight into the pathology, and especially into what should be the practical treatment of the more important diseases of the eye." This volume is the first of a series intended to include the whole field of ophthalmology. The aim is a noble one, and if the purpose is reached for which this and subsequent volumes of the series are published, it should receive the hearty endorsement and patronage of the general practitioner, as well as he who is specially engaged in this field of investigation.

A TREATISE ON DISEASES OF THE EYE. By Henry D. Noyes, A. M., M. D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College, Surgeon to the New York Eye and Ear Infirmary, President of the American Ophthalmological Society, member of the New York Ophthalmological Society, permanent member of the Medical Society of the State of New York, member of the New York Academy of Medicine, etc. Wm. Wood & Co., 27 Great Jones Street, New York, publishers.

In the above treatise the author proposes to "condense into the limits assigned to him the substance of modern ophthalmic knowledge." The work fully attests the fidelity, ability, and zeal of the writer for the task that he has undertaken. The subject-matter is fully up to modern thought, the arrangement and classification is most excellent, and the treatment recommended for the various affections discussed extremely practical, reasonable, and sound. The book should be eagerly sought after.

LECTURES ON ELECTRICITY, "DYNAMIC AND FRANKLINIC," in Its Relations to Medicine and Surgery By A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital, member of the American Neurological Association, Fellow to the New York Academy of Medicine, member of the New York County Medical Society, etc.

The above manual of 120 pages has recently reached a second edition. The author claims that a number of subjects comparatively new have been alluded to, among which may be noted descriptions of the "galvanic accumulator," for storing electricity for surgical uses, and of the "inductive balance," for locating the position of bullets in the body. A lecture on Franklinic electricity has also been added. On the subject of electro-therapeutics, its advances, uses, etc, the medical profession at large is "at sea." We do not wish to say that, from time to time, much valuable information has not been given to the profession on this subject, by men eminently qualified for the task, but that there has been placed before the reading public a good deal that is indefinite, empirical, and unsatisfactory, and that, too, in a very intangible form. This little book does not begin to compare with the work the result of the associated labors of Drs. Beard and Rockwell, nor that of Dr. Bartholow. This much we can justly say, that the work possesses many important features of practical value and useful information upon this much explained but little understood subject.

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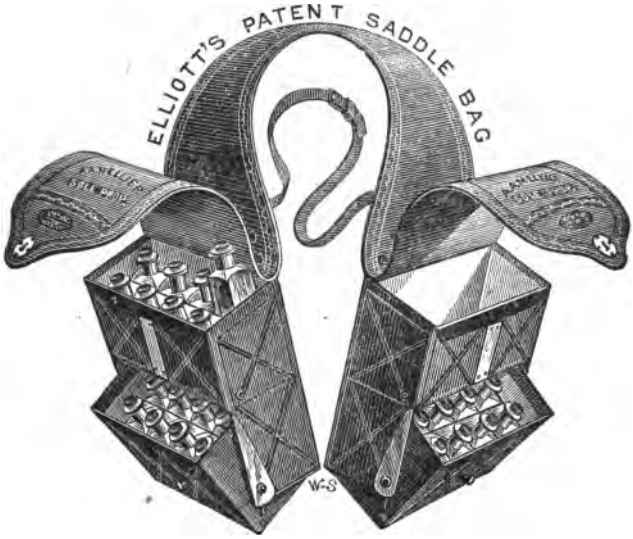

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Cheken (known also as Chekan and Chequen) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell. M. D, M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis,** acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

SIERRA SALVIA. ("MOUNTAIN SAGE.") *Artemisia Frigida.* Fluid extract of the herb Dose, one to two fluid drachms. **Diaphoretic and diuretic.**

The success which has attended the administration of this drug in "Mountain Fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous centre, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theological grounds.

PERSEA. (ALLIGATOR PEAR.) Fluid extract or the seeds. Dose, 30 to 60 minims. This remedy is now for the first time presented to the profession of this country. It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who, while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug, both from reports of the natives and personal experience, as a remedy in **intercostal neuralgia.**

The following extract from Dr. Froehling's report will give some conception of the nature of this remedy:

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above and I can not but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA. (ERYTHROXYLON COCA) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor, due to prolonged physical or mental effort While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **the opium and alcohol habits.** In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

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MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
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THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

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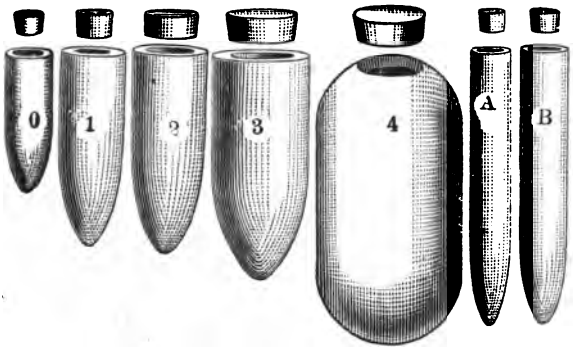

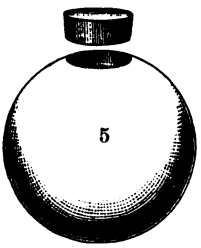

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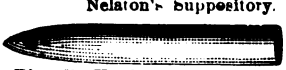

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☞As it contains no oxydizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.☜

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Sugar of Milk,	40 ounces.	Veg. Ptyalin or Diastase,	4 drachms.
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Pancreatine,	6 "	Hydrochloric Acid,	5 fl. "

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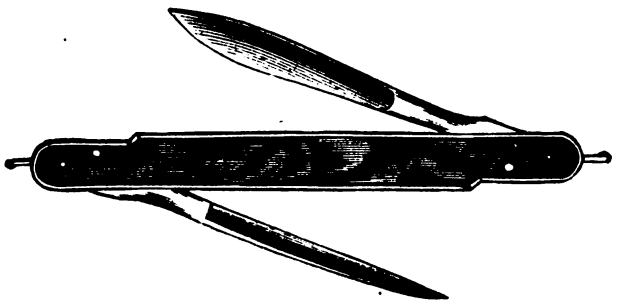

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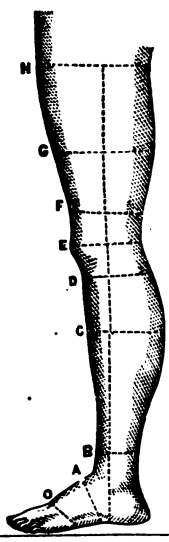

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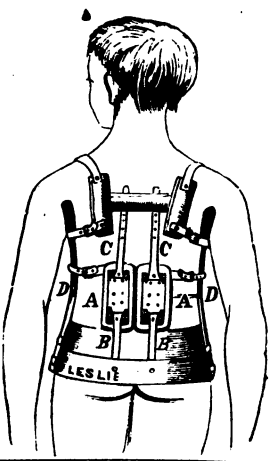

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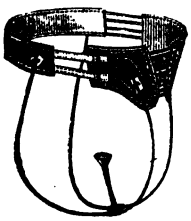

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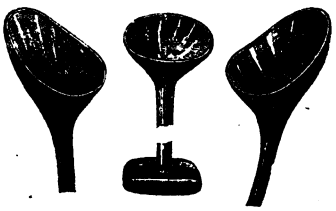

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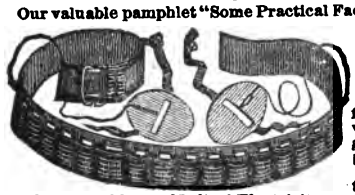

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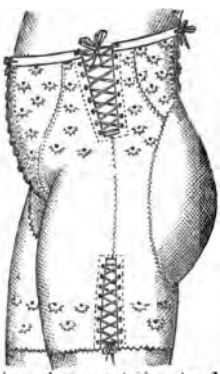

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LISTERINE is a POWERFUL, SAFE and PLEASANT Antiseptic. The beneficial results following its use in Phthisis, Diphtheria, Catarrh, Dysentery, Scarlatina, Erysipelas, Small Pox, Typhoid and Malarial Fevers, etc., proves it to be a Restorative Antiseptic of the very highest order of merit. It is the most efficient agent to disinfect the hands after surgical or gynecological operations, and is *the best* injection in Leucorrhœa, Gonorrhœa, etc., used in the proportion of from two to sixteen parts water and one part Listerine.

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LISTERINE, being a *non-irritating* solution of pleasant odor, readily diluted, is well adapted for use either by spray or in a more condensed form as desired. In the treatment of diseases of the air passages, where an antiseptic is indicated, I find it the *best substitute* for carbolic acid, phenol, and other remedies of the same class.

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